FORM	CD-451
/DEM	19.445

U.S. DEPARTMENT OF COMMERCE

X GRANT

COOPERATIVE AGREEMENT

AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER 06-10-\$18006

CFDA NO. AND NAME

11,549 - State and Local Implementation Grant Program

PROJECT TITLE

2018 State and Local Implementation Grant Program (SLIGP)2.0

RECIPIENT NAME
California Office of Emergency Services (Cal OES)

STREET ADDRESS

3650 Schriever Avenue

CITY, STATE ZIP

AMENDMENT NUMBER

EFFECTIVE DATE 11/27/2018

EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)

Mather, CA 95655-4203				
COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$425,000.00	\$695,000.00	\$0.00	\$1,120,000.00
RECIPIENT SHARE OF COST	\$199,066.04	\$84,734.96	\$0.00	\$283,801.00
TOTAL ESTIMATED COST	\$624,066.04	\$779,734.96	\$0.00	\$1,403,801.00

REASON(S) FOR AMENDMENT

This award is hereby amended to: [1] approve and incorporate the revised budget as requested by the recipient; [2] authorize the second increment funding in the amount of \$695,000 (see Special Award Condition #7 Multi-Year Award and Funding Limitations); [3] incorporate revised DoC Financial Assistance Standard Terms and Conditions, effective October 09, 2018 (see SAC # 5, 10, 12, 16, and 19); and [4] indicate on the attached, those terms and conditions affected by these actions. With this amendment, this project is fully funded for the total project period.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT.

This Amendment Document (Form CD-451) signed by the Grants Officer constitutes an Amendment of the above-referenced Award, which may include an obligation of Federal funding. By signing this Form CD-451, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unliaterally withdraw this Amendment offer and de-obligate any associated funds.

- X SPECIAL AWARD CONDITIONS
- X LINE ITEM BUDGET

OTHER(S)

		DATE	
Dean Iwasaki TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIFIENT OF ICAN	by DEAN IWASAK	11/27/2019	
Dean Iwasaki / IN/ACAKI	Date: 2018.11.27	1112112010	
TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OF ICAN	.16:04:16 -05'00'	DATE	_
Walsall		12/21	201

Award Number: 06-10-S18006, Amendment Number 1

Federal Program Officer: Natalie Romanoff

Requisition Number: S19006

Employer Identification Number: 680278801

Dun & Bradstreet No: 9474361760000

Recipient ID: 0652728 Requestor ID: 0652728

Award ACCS Information

Bureau Code	FGFY	Project∓rask≕	Org Code	Θbj Class	Obligation Amount
61	2019	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$695,000.00

Award Contact Information

Contact Name		Email	
Ms. Rose H Nguyen	Administrative	Rose.H.Nguyen@caloes.ca.gov	(916) 845-8646

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NIST Grants Specialist:

Samantha Wigglesworth 100 Bureau Drive, MS 1650 Gaithersburg, MD 20899-1650 (301) 975-4166