

## AMENDMENT TO FINANCIAL ASSISTANCE AWARD

**AWARD NUMBER**

09-10-S18009

**CFDA NO. AND NAME**

11.549 - State and Local Implementation Grant Program

**PROJECT TITLE**

State and Local Implementation Grant Program

**RECIPIENT NAME**

Connecticut Department of Emergency Services and Public Protection

**AMENDMENT NUMBER**

3

**STREET ADDRESS**

1111 Country Club Road

**EFFECTIVE DATE**

**CITY, STATE ZIP**

Middletown, CT 06457-2389

**EXTEND PERIOD OF PERFORMANCE TO  
(IF APPLICABLE)**

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
<b>FEDERAL SHARE OF COST</b>	\$164,232.00	\$0.00	\$164,039.62	\$192.38
<b>RECIPIENT SHARE OF COST</b>	\$41,058.00	\$0.00	\$28,648.78	\$12,409.22
<b>TOTAL ESTIMATED COST</b>	\$205,290.00	\$0.00	\$192,688.40	\$12,601.60

**REASON(S) FOR AMENDMENT**

This grant is hereby amended to de-obligate the remaining Federal funds in the amount of \$-164,039.62 to close the ASAP account and closeout the award.

ALL TERMS AND CONDITIONS REMAIN IN EFFECT

THIS IS A UNILATERAL AMENDMENT; NO SIGNATURE FROM THE RECIPIENT IS REQUIRED

**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 unilaterally withdraw this Amendment offer and de-obligate any associated funds.**

SPECIFIC AWARD CONDITION(S)

LINE ITEM BUDGET

OTHER(S)

**SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER**

**DATE**

**TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL**

**DATE**

Award Number: 09-10-S18009, Amendment Number 3

Federal Program Officer: Regina Harrison

Requisition Number: CS18009

Employer Identification Number: 066000798

Dun & Bradstreet No: 1718808590000

Recipient ID: 1113159

Requestor ID: 1113159

**Award ACCS Information**

Bureau Code	FCFY	Project-Task	Org Code	Obj Class	Obligation Amount
61	2018	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$-61,394.62
61	2019	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$-102,645.00

**Award Contact Information**

Contact Name	Contact Type	Email	Phone
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