

## AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER

66-10-S18066

**CFDA NO. AND NAME**

11.549 - State and Local Implementation Grant Program

**PROJECT TITLE**

Guam State and Local Implementation Grant Program 2.0

**RECIPIENT NAME**

Guam Homeland Security/Office of Civil Defense

**AMENDMENT NUMBER**

3

**STREET ADDRESS**

221B Chalan Palasyo

**EFFECTIVE DATE**

11/29/2019

**CITY, STATE ZIP**

Agana Heights, GU 96910-6491

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

03/31/2021

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$535,000.00	\$0.00	\$0.00	\$535,000.00
RECIPIENT SHARE OF COST	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ESTIMATED COST</b>	<b>\$535,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$535,000.00</b>

**REASON(S) FOR AMENDMENT**

This award is hereby amended to: [1] authorize a 13-month no-cost extension to 03/31/2021, at no additional cost to the Federal Government in accordance with the Recipient's request dated 06/10/2019 (see Specific Award Condition #07 Period of Performance and Funding Limitations); and [2] waive the final quarterly Performance Progress Report (PPR) requirement (see SAC #11 Post-Award Reporting Requirements).

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 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**

Dean Iwasaki



Digitally signed by  
DEAN IWASAKI  
Date: 2019.11.29  
15:41:06 -05'00'

**DATE**

11/29/2019

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

P. TIMOTHY AGUON, GUAM HOMELAND SECURITY ADVISOR



**DATE**

3 Dec 19