FORM	CD-451
(REV.	11/18)

X GRANT COOPERATIVE AGREEMENT

AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER 20-10-S18020

11.549 State and Local Implementation Grant Program PROJECT TITLE State of Kansas 2018 State and Local Implementation Grant Program (SLIGP) 2.0 RECIPIENT NAME AMENDMENT NUMBER Kansas Adjutant General's Department 3 STREET ADDRESS EFFECTIVE DATE 2800 SW Topeka Blvd. EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)								
State of Kansas 2018 State and Local Implementation Grant Program (SLIGP) 2.0 RECIPIENT NAME AMENDMENT NUMBER Kansas Adjutant General's Department 3 STREET ADDRESS EFFECTIVE DATE 2800 SW Topeka Blvd. ETTEND PERIOD OF PERFORMANCE TO								
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STREET ADDRESS EFFECTIVE DATE 2800 SW Topeka Blvd. EXTEND PERIOD OF PERFORMANCE TO								
2800 SW Topeka Blvd. CITY, STATE ZIP EXTEND PERIOD OF PERFORMANCE TO								
CITY, STATE ZIP EXTEND PERIOD OF PERFORMANCE TO	EFFECTIVE DATE							
Topeka , KS 66611-1220								
COSTS ARE REVISED AS FOLLOWS:PREVIOUS ESTIMATED COSTADDDEDUCTTOTAL ESTIMATED COST	т							
FEDERAL SHARE OF COST \$700,000.00 \$0.00 \$670,261.99 \$29,738.01								
RECIPIENT SHARE OF COST \$175,000.00 \$0.00 \$0.00 \$175,000.00								
TOTAL ESTIMATED COST \$875,000.00 \$0.00 \$670,261.99 \$204,738.01								
REASON(S) FOR AMENDMENT This grant is hereby amended to de-obligate the remaining Federal funds in the amount of \$-670,261.99 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: 20-10-S18020, Amendment Number 3 Federal Program Officer: Natalie Romanoff Requisition Number: CS18020 Employer Identification Number: 481124839 Dun & Bradstreet No: 142992028 Recipient ID: 2002143 Requestor ID: 2002143

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	\$-220,261.99
61	2019	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$-450,000.00

Award Contact Information

Contact Name	Contact Type	Email	Phone
Ms. Angee Morgan	Administrative	angelynn.t.morgan.nfg@mail.mil	(785) 646-1403

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