**AMENDMENT TO**
**FINANCIAL ASSISTANCE AWARD**

**CFDA NO. AND NAME**
11.549 - State and Local Implementation Grant Program

**PROJECT TITLE**
State of Rhode Island NTIA Broadband application

**RECIPIENT NAME**
State of Rhode Island Emergency Management Agency

**STREET ADDRESS**
645 New London Avenue

**CITY, STATE ZIP**
Cranston, RI 02920

**AMENDMENT NUMBER**
4

**EFFECTIVE DATE**
MAR 25, 2016

**EXTEND PERIOD OF PERFORMANCE TO**
02/28/2018

<table>
<thead>
<tr>
<th>COSTS ARE REVISED AS FOLLOWS:</th>
<th>PREVIOUS ESTIMATED COST</th>
<th>ADD</th>
<th>DEDUCT</th>
<th>TOTAL ESTIMATED COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEDERAL SHARE OF COST</td>
<td>$755,863.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$755,863.00</td>
</tr>
<tr>
<td>RECIPIENT SHARE OF COST</td>
<td>$188,966.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$188,966.00</td>
</tr>
<tr>
<td>TOTAL ESTIMATED COST</td>
<td>$944,829.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$944,829.00</td>
</tr>
</tbody>
</table>

**REASON(S) FOR AMENDMENT**
This grant is hereby amended to: 1) Incorporate Special Award Conditions (SAC) #21, providing a Programmatic Waiver of Phase I funding limitations on data collection activities and SAC #22, providing a waiver for mandatory Memorandum of Agreement (MOA) template; 2) Extend the Project End date from 8/31/2016 to 2/28/2018; and 3) Change the Program Officer from Yuki Miyamoto to Carolyn Dunn.

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.

**X SPECIAL AWARD CONDITIONS**

- LINE ITEM BUDGET
- OTHER(S)

**SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER**
Robin Bunch

**DATE**
3/20/2016

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

**DATE**
6/26/2015