

## AMENDMENT TO FINANCIAL ASSISTANCE AWARD

**AWARD NUMBER**  
EDU.01

**CFDA NO. AND NAME**

11.SP Policy and Administration of the .EDU General Top Level Domain

**PROJECT TITLE**

Policy Authority and Administration of the .EDU gTLD

**RECIPIENT NAME**

EDUCAUSE

**AMENDMENT NUMBER**

33

**STREET ADDRESS**

1150 18th Street NW, Suite 750

**EFFECTIVE DATE**

8/5/2021

**CITY, STATE ZIP**

Washington, DC 20036

**EXTEND PERIOD OF PERFORMANCE TO**

(IF APPLICABLE)  
9/30/2026

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

**REASON(S) FOR AMENDMENT**

This cooperative agreement is amended to extend the period of performance to September 30, 2026. This extension is at no additional cost to the Federal Government. All other terms and conditions of this cooperative agreement, as amended, remain unchanged.

**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.**

SPECIAL AWARD CONDITIONS

LINE ITEM BUDGET

OTHER(S)

**SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER**



Date: 2021.08.05

10:22:04 -04'00'

**DATE**

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



**DATE**

8/9/21

**Employer Identification Number: 841455437**  
**Dun and Bradstreet Number: 045331381**

**Award ACCS Information**

**Award Contact Information**

Contact Name	Contact Type	Email	Phone
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