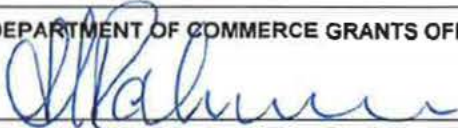
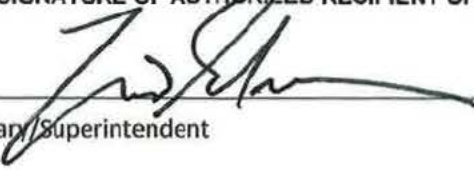


FORM CD-451 (REV. 12-14)		U.S. DEPARTMENT OF COMMERCE		X GRANT COOPERATIVE AGREEMENT	
AMENDMENT TO FINANCIAL ASSISTANCE AWARD				AWARD NUMBER 22-10-S13022	
CFDA NO. AND NAME 11.549 - State and Local Implementation Grant Program					
PROJECT TITLE Louisiana State Broadband Planning Grant					
RECIPIENT NAME Louisiana Office of State Police			AMENDMENT NUMBER 3		
STREET ADDRESS 7719 Independence Blvd.			EFFECTIVE DATE OCT 14 2015		
CITY, STATE ZIP Baton Rouge, LA 70806-6406			EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)		
COSTS ARE REVISED AS FOLLOWS:		PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST		\$1,928,721.00	\$0.00	\$0.00	\$1,928,721.00
RECIPIENT SHARE OF COST		\$482,180.00	\$0.00	\$0.00	\$482,180.00
TOTAL ESTIMATED COST		\$2,410,901.00	\$0.00	\$0.00	\$2,410,901.00
REASON(S) FOR AMENDMENT This grant is hereby amended to: (1) acknowledge the receipt and approval of the Phase 2 budget modification submitted September 23, 2015, (2) release the Phase 2 reserve of \$964,360 (50% of the federal funds), which was previously established in Special Award Condition #6; and (3) updates Grants Officer information listed under Special Award Condition No. 04. 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.					
<input checked="" type="checkbox"/> SPECIAL AWARD CONDITIONS <input checked="" type="checkbox"/> LINE ITEM BUDGET OTHER(S)					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Husai Rahman 				DATE 10/9/2015	
TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL 				DATE 10/20/2015	

Michael Edmonson, Deputy Secretary/Supervisor