



U.S. Department of State

# AMENDMENT TO FEDERAL ASSISTANCE AWARD

1.  Grant  Voluntary Contribution  
 Cooperative Agreement

2. Award Amendment Number

3. Federal Tax I.D./DUNS Number

4. Description of Amendment

5. Accounting and Appropriation Data

6. Issued By

7. Recipient Name, Address and Contact Information

Continued on attached sheet(s)

8. Purpose of Amendment (Check appropriate block(s))

Extend work completion time to

<input type="checkbox"/> Revised estimated cost as follows:	Total Cost Prior To This Amendment	Add + \$	Deduct - \$	Revised Total Cost Estimate
U.S. Share of Cost				
Recipient's Share of Cost				
Total Estimated Cost				

9. Statutory Authority

Authorization

Appropriation

- FAA (Foreign Assistance Act)  
 FH (Fulbright-Hays)  
 SM (Smith-Mundt)

- ECE (Educ. and Cult. Exch.)  
 ESF (Economic Support Funds)  
 FSA (FREEDOM Support Act)  
 GHAI (Global HIV/AIDS Initiative)  
 INCLE (Int'l Narc. Contr. Law Enforcement)  
 MRA/ERMA (Migration and Refugee Assistance)  
 NADR (Nonprolif, Anti-Terror., Demin., Related)  
 SEED (Support for E.Eur.Dem)  
 Other \_\_\_\_\_

Appropriation

- CSH (Child Survival and Health Programs)  
 D&CP (PD)  
 DA (Development Assistance)  
 DF (Democracy Funds)

10. Amendment - (Check all that apply)

- a)  Award Specifics  
b)  Bureau/Program Specific Requirements  
 Post Specific Requirements  
c)  PiO Specifics/Requirements  
d)  Property Specifics/Requirements

11. Recipient Name, Title and Signature

Name

Signature

Title

Date (mm-dd-yyyy)

12. Grants Officer Name, Title and Signature

Name

Signature

Title

Date (mm-dd-yyyy)

13. Recipient

By signing this agreement, the recipient assures that it will comply with the terms and conditions of this award. Recipient is required to sign and return this document within 10 days of the signature of the Grants Officer to the following address: