

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
AMENDMENT TO GRANT AGREEMENT

<b>PROGRAM NAME:</b>  Southcentral Foundation	<b>Grant Number:</b> 06-4-C-5033 <b>Amendment Number:</b> 1 <b>State Fiscal Year:</b> 2005
<b>Amended Service Description:</b> This grant award is amending the original proposed budget. The amendment will consist of moving all funds to one line item within the budget \$90,000.00.]	
<b>Approved Grant Project Budget Period:</b> Beginning: July 19, 2005 Ending: June 30, 2006	<b>Issue Date:</b> 7/19/2005 <b>Current Award:</b> \$90,000 <b>Amended Award:</b> \$90,000
Year of Multi-year Duration Grant	No. of FTE Positions supported by this grant
<b>Name and Mailing Address of Grantee</b> Southcentral Foundation 4501 Diplomacy Drive, Suite 200 Anchorage, AK 99508	<b>Facility/Project Location:</b> South Central Foundation 4501 Diplomacy Drive, Suite 200 Anchorage, AK 99508
<b>Phone Number:</b> 907-729-4955 <b>Fax Number:</b>	<b>Email Address:</b>

**TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT**

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
Architect, Land Use Planner	90,000	0	0	0	0	0	\$90,000
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
<b>Total Direct Expense</b>	90,000	0	0	0	0	0	\$90,000
<b>Indirect Cost</b>	0	0	0	0	0	0	\$0
<b>TOTAL Costs</b>	\$90,000	\$0	\$0	\$0	\$0	\$0	\$90,000

Agencies expending \$500,000 or more total federal financial assistance in a fiscal year, may be required to comply with the Federal Single Audit Act. This grant contains \$90,000 in federal funds, identified by CFDA number below.

*I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.*

<b>Name/Title of Authorized Grantee Representative:</b>	
<b>Signature of Authorized Grantee Representative:</b> 	<b>Date:</b> 10/14/05

<b>Name/Title of Authorized DHSS Representative: Janet Clark, Assistant Commissioner</b>	
<b>Signature:</b>	<b>Date:</b>

Summary of Funding (Dept. Use Only)						
Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
Denali Commission	FED	06-25-9-814	\$90,000	90.100		

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Grant No. 06-4-C-5033

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Southcentral Foundation, (hereinafter termed the grantee) hereby stipulate that: All line items within the original budget will be combined to form a single line item of \$90,000.00 for the specific use of Architect and Land use Planner Contract.

The grant agreement for grant number 06-4-C-5033 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement.