

GP-3700  
ADM-13.00

MAY 21 2008

Mr. Jeff Yost  
Nebraska Community Foundation Inc.  
650 J Street  
Suite 305  
Lincoln, NE 68501

Subject: Modification No. 019 to Cooperative Agreement No. 99-FC-60-11870 for Platte River  
Endangered Species Implementation Program.

Dear Mr. Yost:

Enclosed for your records is a fully executed copy of the subject modification. The modification reserves additional funds in the amount of \$2,500,000.00.

Please contact Leatha Frost at 406-247-7818 if you have any questions regarding this matter.

Sincerely,

**Kimball Banks**

Kimball Banks  
Tribal and Financial Assistance Officer

Enclosure

cc: Ann Bleed  
Nebraska Department of Natural Resources  
30 Centennial Mall S  
Lincoln, NE 68509

Mike Prucell  
Wyoming Water Development Commission  
6920 Yellowtail Rd  
Cheyenne, WY 82002

Ted Kowalski  
Colorado Water Conservation Board  
1313 Sherman Street, Suite 721  
Denver, CO 80203  
(w/encl to each)

bc: GP-3400 (SRuff)  
WY-1000 (Lawson)  
(w/encl to ea)

WBR:LFrost:bscott:05/21/08:406-247-7818  
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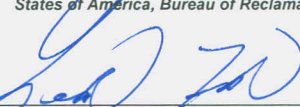
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DATE	SURNAME	CODE
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Classification ADM-13.00		
Project 3437		
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UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF RECLAMATION

MODIFICATION OF ASSISTANCE AGREEMENT

PAGE 1 OF

<b>1. MODIFICATION NUMBER</b> 019		<b>2. TYPE OF AGREEMENT</b> [ ] GRANT [ X ] Cooperative Agreement		<b>3a. AGREEMENT NUMBER</b> 99-FC-60-11870 <b>3b. AGREEMENT DATE</b> 06/28/99	
<b>4. ISSUING OFFICE</b> (NAME, ADDRESS)  Bureau of Reclamation Great Plains Region P.O. Box 36900 Billings MT 59107-6900				<b>5. RECIPIENT</b> (NAME, ADDRESS, TELEPHONE)  Nebraska Community Foundation P.O. Box 83107 Lincoln, NE 68501  DUNS #: EIN #:	
<b>6. ADMINISTRATIVE POINT OF CONTACT</b> (NAME, ADDRESS, TELEPHONE, E-MAIL)  Leatha Frost Bureau of Reclamation Great Plains Region P.O. Box 36900 Billings MT 59107-6900 (406) 247-7818				<b>7. RECIPIENT PROJECT MANAGER</b> (NAME, ADDRESS, TELEPHONE, E-MAIL) Jeffrey G. Yost, President Nebraska Community Foundation P.O. Box 83107 Lincoln, NE 68501	
<b>8. TECHNICAL REPRESENTATIVE</b> (NAME, ADDRESS, TELEPHONE, E-MAIL)  John H. Lawson, Area Manager Bureau of Reclamation, Wyoming Area Office P.O. Box 1630 Mills, WY 82644 307-261-5671				<b>9. EFFECTIVE DATE OF MODIFICATION</b> See Block 18a  <b>10. COMPLETION DATE OF AGREEMENT</b> September 30, 2012	
<b>11. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF</b> Fish and Wildlife Coordination Act of 1934, P.L. 85-624, as amended It modifies the above-numbered assistance agreement as set forth in Block 3.					
<b>12. FUNDING INFORMATION</b>		<b>RECIPIENT/OTHER</b>		<b>RECLAMATION</b>	
THIS OBLIGATION		\$		\$ 2,500,000.00	
PREVIOUS OBLIGATION		\$		\$ 4,207,158.39	
TOTAL OBLIGATION		\$		\$ 6,707,158.39	
COST SHARE RATIO				% %	
<b>13. REQUISITION NUMBER</b>					
<b>14. ACCOUNTING AND APPROPRIATION DATA</b> A30-1745-4995-001-00-0-0-411C-6A11000					
<b>15. DESCRIPTION OF MODIFICATION</b> (Attach additional pages if needed)  <b>Project Title:</b> Platte River Recovery Implementation Program.  <b>Notice of Additional Reservation of Funds:</b> In addition to funds previously reserved under the above agreement, an additional \$2,500,000.00 is hereby reserved to cover payment of all earnings by the recipient through fiscal year 2008. Total funding is now changed from \$4,207,158.39 to 6,707,158.39. It is to be expressly understood the Government has no obligation to provide funds in addition to those reserved in writing.  Except as provided herein, all terms and conditions of the document referenced in Block 3, as heretofore changed, remain unchanged and in full force and effect.					
<b>16. RECIPIENT IS</b> ____, <b>IS NOT</b> <u>XX</u> , <b>REQUIRED TO SIGN THIS DOCUMENT AND RETURN</b> <u>1</u> <b>COPIES TO THE ISSUING OFFICE.</b>					
<b>17a. Acceptance of this Modification in accordance with the terms and conditions contained herein is hereby made on behalf of the above-named recipient</b>  BY _____ DATE _____			<b>18a. Acceptance of this Modification in accordance with the terms and conditions contained herein is hereby made on behalf of the United States of America, Bureau of Reclamation</b>   BY _____ DATE <u>5-21-08</u>		
<b>17b. NAME, TITLE, AND TELEPHONE NUMBER OF SIGNER</b> (Type or print)  Additional signatures are attached			<b>18b. NAME OF GRANTS AND COOPERATIVE AGREEMENTS OFFICER</b> (Type or print)  Leatha Frost Grants and Cooperative Agreements Officer (406) 247-7818		

DOUMENTS INCORPORATED HEREIN BY REFERENCE: