

COOPERATIVE AGREEMENT MODIFICATION

Agreement/Appendix Title and Number: W912PQ-16-2-1004

Project Name/Description and Location: ARNG Electronic Security (ESS) Management, Installation, Operation and Maintenance (MIO&M)

Modification Number: P0003

ISSUED BY:

NATIONAL GUARD BUREAU

ISSUED TO:

THE STATE OF NEW YORK

This modification is issued pursuant to the Authorities, 31 U.S.C. Chapter 63; MCA and Appendices Article VII, Sect 703; MCCA Article XII, Sect 1201 of the basic cooperative agreements. Mark purpose and obtain signatures as appropriate IAW NGR 5-1, Chapter 3.

- a. FUNDING
- b. TERMS AND CONDITIONS
- c. TERMINATION
- d. OTHER ADMINISTRATIVE Transfer of funds to MNCl and MNL

Action	Funding Source	From	Change	To
FED	Allotment	\$ 396,000.00	\$154,400.00	\$ 550,400.00
FED	AFP	\$ 496,200.00	\$54,200.00	\$ 550,400.00
FED	IKA	\$34,200.00	0.00	\$34,200.00

DESCRIPTION OF MODIFICATION:

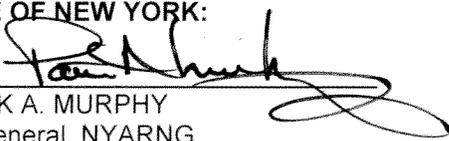
1. JUSTIFICATION: Upward Obligation for Appendix 1004, ESS MIO&M; Transfer of funds to MNCl; Transfer of funds to MNL.
2. SUMMARY:
 - a. Increase Allotment by \$162,000.00 resulting from funds transferred from APP 1003, ARNG Security Cooperative Agreement in support of technician salary and site improvements
 - b. Transfer \$1,600.00 from APP 1004 to MNCl to support cellular phones for the Electronic Security Systems (ESS) Technicians
 - c. Transfer \$6,000.00 from APP 1004 to MNL to support of GSA Vehicles for ESS Technicians
 - d. These actions culminate in an increase in AFP and Allotment to \$550,400.00 for APP 1004 FY 16
3. ACTION: TAG signature and review of the ARNG MIO&M Appendix 1004 MOD 3. Return signed modification to MNPF-EA, Room 207, Cooperative Agreements, x4775/4709.
4. This Appendix is subject to the availability of funds.
5. Replace pages 11-12 of Appendix 1004, FY 16 with updated attachment.
6. As FY2016 budgets are approved by NGB, program managers will add funding to the Appendix by separate modification.

EXECUTION

Except as provided herein, all terms and conditions of the Cooperative Agreement and/or Appendix remain unchanged in full force and effect.

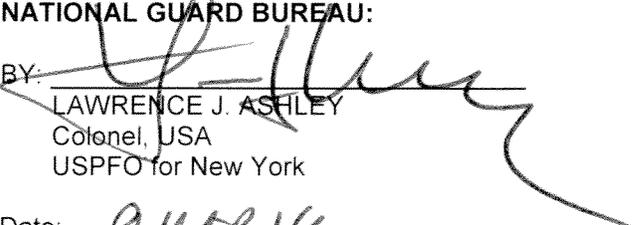
IN WITNESS WHEREOF, the parties by their authorized representatives execute this Cooperative Agreement Modification.

THE STATE OF NEW YORK:

BY: 
PATRICK A. MURPHY
Major General, NYARNG
The Adjutant General

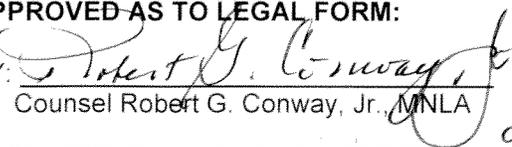
Date: 9 Mar 16

NATIONAL GUARD BUREAU:

BY: 
LAWRENCE J. ASHLEY
Colonel, USA
USPFO for New York

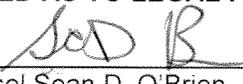
Date: 9 MAR 16

APPROVED AS TO LEGAL FORM:

BY: 
Counsel Robert G. Conway, Jr., MNLA

2 March 2016

APPROVED AS TO LEGAL FORM:

BY: 
Counsel Sean D. O'Brien, LTC, JA, NYARNG

29 Feb '16

Section 409. Funding Limitation.

a. Approved Budget/Annual Funding Program (AFP): The total dollar amount that NGB anticipates, subject to the availability of funds, being available for reimbursement to the state for its costs in fulfilling its responsibilities under this Appendix. This amount may be increased or decreased by the ARNG-ILI-F ESS PM during the fiscal year.

b. Total Dollars Obligated: The total amount of funds obligated for NGB's share under this Appendix. Only funds obligated through an executed CA modification to this appendix are available for reimbursement to the state. Funds shall be obligated as received by the CA PM.

c. Accomplished as In-Kind Assistance: The total dollars expended through federal acquisition. This dollar amount may reflect anticipated In-Kind Assistance and be updated as IKA is approved, but as a minimum shall reflect the total dollars accomplished through In-Kind Assistance in support of this Appendix for each fiscal year as it occurs.

d. In accordance with Section 407 the following funding limitations are provided for each fiscal year as it occurs.

1. Fiscal Year 2016 :	Approved Budget/(AFP) \$550,400.00	Total Dollars Obligated \$550,400.00
	Accomplished as In-Kind Assistance \$ 34,200.00	
2. Fiscal Year _____:	Approved Budget/(AFP) \$ _____	Total Dollars Obligated \$ _____
	Accomplished as In-Kind Assistance \$ _____	
3. Fiscal Year _____:	Approved Budget/(AFP) \$ _____	Total Dollars Obligated \$ _____
	Accomplished as In-Kind Assistance \$ _____	
4. Fiscal Year _____:	Approved Budget/(AFP) \$ _____	Total Dollars Obligated \$ _____
	Accomplished as In-Kind Assistance \$ _____	
5. Fiscal Year _____:	Approved Budget/(AFP) \$ _____	Total Dollars Obligated \$ _____
	Accomplished as In-Kind Assistance \$ _____	

Section 410. Agreement Particulars.

The information below shall be recorded by the Grants Officer's Representative (GOR) for compliance with the reporting requirements of the DoD Assistance Award Action Report System (DAADS) and the Federal Funding Accountability and Transparency Act of 2006.

a. Grantee/Recipient Category:	Government
b. Grantee/Recipient Type:	State Government
c. Grantee/Recipient DUNS:	044776024
d. Primary Place of Performance (if different from 'Issued To' on CA Modification Form): (To include Zip + 4)	New York, 12110-3514
e. Grantee/Recipient County (Primary Place of Performance):	Albany
f. Grantee/Recipient Congressional District (Primary Place of Performance):	36
g. Major Agency:	DOD
h. Agency Code:	2100
i. Funding Agency:	Army
j. Program Source Agency:	21
k. Transaction Type:	Cooperative Agreement
l. CFDA:	12.401
m. CFDA Program Title:	Operation and Maintenance, Army National Guard
n. Program Source Account-Funding:	2065
o. Treasury Appropriation Code:	2065
p. Award/Obligation/Action Date:	1 Oct 2015
q. Starting Date:	1 Oct 2015
r. Ending Date:	30 Sep 2016
s. Record Type:	Individual Action
t. Fiscal Year/Quarter:	2016/1 st Qtr
u. Unique Federal Award Identification Number (FAIN)	W912PQ-16-2-1004
v. Approved Budget Amount:	\$550,400.00
w. R&D Award (Yes or No)	No
x. Indirect Cost Rate or CPP Rate:	\$ 1,159.00

MEMORANDUM FOR MNPF, CW3 Davin

SUBJECT: Modification of Master Cooperative Funding Agreement (CFA), W912PQ-16-2-1004, Appendix #4 (IDS Program)

1. Request that modification #3 be issued to Appendix #4 of the Master CFA for Fiscal Year 2016 to reflect a transfer of AFP and Allotment in the amount of \$1,600.00 from Appendix #4 to MNCI in support of cellular phones for the Electronic Security Systems (ESS) Technicians and a transfer of AFP and Allotment in the amount of \$6,000.00 from Appendix #4 to MNL in support of GSA Vehicles for the ESS Technicians. Also, request the modification to reflect a transfer of \$162,000.00 from Appendix #3 to Appendix #4 in support of technician salary and site improvements. These actions increas both AFP and Allotment for Appendix # 4 from \$388,400.00 to \$550,400.00.

a. Section 306. Funding Limitation is changed as follows:

		(AFP) Estimated Cost	(Allotment) Maximum Funding Limit
<u>Federal Share (100%)</u>	QPSM	\$550,400.00	\$550,400.00
	Total	\$550,400.00	\$550,400.00

b. Within the Federal Share indicated above \$34,200.00 is reserved and designated specifically for in-kind assistance through Federal procurement procedures. The use of in-kind assistance shall be at the request of the Adjutant General as approved by the USPFO. NGB approval is not necessary.

2. This appendix is subject to the availability of funds.

3. The POC on this issue is CPT Mark Colloton, and can be reached at extension 4653.

D. SCOTT CLEVELAND
LTC, EN, NYARNG
Program Director (CFMO)

CF:
MNBF, Liz Halpin

COVER SHEET

(Prescribing Directive is DMNA Reg 1-1, Proponent Office is MNAG)

SUBJECT: Transfer of funding for FY16 Appendix #3 to Appendix #4	OFFICE SYMBOL: MNFE
ACTION REQUIRED: For IMMEDIATE REVIEW AND APPROVAL	DATE: 29 January 2016

MEMORANDUM FOR RECORD. (Describe briefly the requirement, background and action taken or recommended. Description must be sufficiently detailed to identify action without recourse to other sources.) (Continue Memorandum or Coordination on reverse as needed.)

1. Justification: FY16 Transfer of funds from MNFE Appendix #3 QPSM to MNFE Appendix #4 QPSM.

Request to move \$162,000.00 in AFP and Allotment from 131QPSM to 131QPSM to support Electronic Security System (ESS) technician salary and site improvements.
2. ACTION: Approve and sign this request to transfer funds.
3. POC for this action is CPT Mark Colloton, ext 4653, mark.s.colloton.mil@mail.mil.

COORDINATIONS				ADMIN REVIEW		
OFFICE	NAME	DATE	(NON) CONCUR		INITIALS	DATE
1. MNPf	CW3 Davin	<i>RMD</i>	<input type="checkbox"/> N <input checked="" type="checkbox"/> C	INITIAL REVIEW		
2. MNPf	Ms. Blanton	<i>01 Feb 16</i>	<input type="checkbox"/> N <input checked="" type="checkbox"/> C	FINAL REVIEW		
<i>MNAG</i>	<i>COL Ashley</i>	<i>2 Feb 16</i>	<input type="checkbox"/> N <input checked="" type="checkbox"/> C	APPROVALS		
			<input type="checkbox"/> N <input checked="" type="checkbox"/> C	MNAG-DJS		
			<input type="checkbox"/> N <input type="checkbox"/> C	MNAG-SAS		
			<input type="checkbox"/> N <input type="checkbox"/> C	MNAG-COS		
			<input type="checkbox"/> N <input type="checkbox"/> C	MNAG-DAG		
			<input type="checkbox"/> N <input type="checkbox"/> C	MNAG-TAG		
			<input type="checkbox"/> N <input type="checkbox"/> C	FILE		DISPATCH
			<input type="checkbox"/> N <input type="checkbox"/> C	<input type="checkbox"/>		<input type="checkbox"/>

ACTION OFFICER (Name, grade, phone and signature)
 D. Scott Cleveland, LTC, 4309 *[Signature]*