AWARD MODIFICATION

Transportation Security Administration

1 MODIFICATION NUMBER	2 AWARD NUMBER	3 REQUISITION NUMBER
Modification No. **P00004**	____ Grant No: __√__ Agreement No: HSTS0208HSLR028	2110200SLR030

4 RECIPIENT	5 ISSUED BY
Name & Address: BIL City of Billings DBA Aviation and Transit 1901 Terminal Circle, Rm 216 Billings, MT 59105-1991 Ms. Marita Herold, 406-237-6284	Name & Address: Transportation Security Administration Threat Assessment & Sector Management Programs 10W-409N, TSA-25 601 S. 12th Street Arlington VA 20598-6017 Attn: Patricia L. Masterson, 571-227-1587, FAX: 571-227-2913; E-mail Patricia.Masterson@dhs.gov

6 APPLICATION TITLE & DATE

Law Enforcement Officer Reimbursement Agreement Program

6/12/2007

7 AWARD PERIODS	8 FISCAL DATA
Project Period: 10/1/2007 to 9/30/2012 __√__ remains unchanged _____ revised to Funding Period: 10-01-09 to 09-30-10 Effective Date: Date of signature by Contracting Officer	Appropriation: 5AV101A000D2010ADE010GE000031006100616SLR 5903001402010000 4101 Obligated: $163,286.40 EIN: 816001237 DUNS: 184852945

9 DESCRIPTION OF MODIFICATION

Under the authority of Article XII –Agreement Modifications, the purpose of Modification P00004 to HSTS0208HSLR028 is to provide partial funding for the TSA LEO Reimbursement Program.

1. In accordance with Article IV Amount of Award of HSTS0208HSLR028, the Contracting Officer hereby adds **$163,286.40** to this award;

2. As a result of the above, the total obligation for this award is increased by $163,286.40 from $326,572.80 to $489,859.20 (cumulative amount);

3. Annual Estimate of Hours: 5,840.00
   Not To Exceed Rate for Category II airport: $27.96

4. ARTICLE XI – FINANCIAL REPORTS is changed as follows:

A. The Participant shall submit one annual SF 425, Federal Financial Report, to the Contracting Officer by December 31, which is 90 days after September 30, the end of the annual funding period.

B. A final SF 425, Federal Financial Report, is due 90 days after the close of the agreement.

C. The SF 425, Federal Financial Report, should be submitted to the Contracting Officer listed in Block 5 on the Award page of this Agreement.

5. Except as modified herein, all other terms and conditions remain unchanged.

End of Modification P00004

10 AUTHORIZED SIGNATURES

_____ _____ Recipient's Signature Date _____ TYPED NAME AND TITLE	_____ _____ Contracting Officer's Signature Date Patricia L. Masterson, Contracting Officer (Assistance) TYPED NAME AND TITLE