



MODIFICATION OF GRANT OR AGREEMENT

PAGE 1 OF PAGES 3

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11050500-062		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:		3. MODIFICATION NUMBER: 5	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Klamath National Forest 1711 S. Main Street Yreka, CA 96097-9518			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Siskiyou CSA-4 Mt. Shasta Vista Fire Zone P.O. Box 128 Yreka, CA 96097-0128			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):		

8. PURPOSE OF MODIFICATION

CHECK ALL THAT APPLY:	This modification is issued pursuant to the modification provision in the grant/agreement referenced in item no. 1, above.
<input type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD:
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: EFFECTIVE June 1, 2015
<input type="checkbox"/>	OTHER (Specify type of modification):

Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.

9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):

The purpose of this modification is to revise a section of the AOP provision REIMBURSEMENT RATES AND METHODOLOGY (non-aviation) - Department Personnel and Equipment, to read:

Personnel that are fire suppression responders to emergencies and other personnel (non-suppression) will be reimbursed for actual time worked on the incident unless there is a MOU, MOA or governing body resolution that dictates the specific position is to be reimbursed portal to portal for the time committed to an emergency incident. The MOU, MOAs or resolutions must not be contingent on this agreement or executed on the sole basis that there is reimbursement from the federal or state agency, and must be identified as part of their normal business practices.

10. ATTACHED DOCUMENTATION (Check all that apply):

<input type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input type="checkbox"/>	Other:

11. SIGNATURES

AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.

11.A. SISKIYOU CSA-4 MT. SHASTA VISTA FIRE ZONE SIGNATURE 		11.B. DATE SIGNED 7/14/15		11.C. U.S. FOREST SERVICE SIGNATURE 		11.D. DATE SIGNED 8.25.15	
(Signature of Signatory Official)				(Signature of Signatory Official)			
11.E. NAME (type or print): PHILLIP R. ANZO				11.F. NAME (type or print): PATRICIA A. GRANTHAM			
11.G. TITLE (type or print): Siskiyou County Fire Warden				11.H. TITLE (type or print): Forest Supervisor			



USDA Forest Service

OMB 0596-0217
FS-1500-19

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

12.B. DATE
SIGNED

Janet Boomgarden

JANET BOOMGARDEN
U.S. Forest Service Grants & Agreements Specialist

6/25/15



USDA Forest Service

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