



MODIFICATION OF GRANT OR AGREEMENT

PAGE	OF PAGES
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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11050359-012	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 002
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): El Dorado National Forest 100 Forni Rd Placerville, CA 95667-531	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): El Dorado National Forest 100 Forni Rd Placerville, CA 95667-5310	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Cosumnes CSD Fire Department 10573 E. Stockton Blvd Elk Grove, CA 95624-9743	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 checked="" type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD: May 1, 2013 through April 30, 2014
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist, 35 College Drive, South Lake Tahoe, CA 95159 Telephone: 530-543-2696 Email: jvhefner@fs.fed.us
<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.

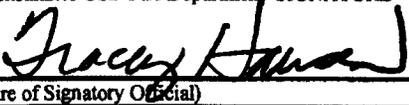
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
 Annual Operating Plan for 2013 is the same and will remain in effect through April 30, 2014
 Remove
 In order to receive EFT payments the recipient/cooperator shall register in the Central Contractor Registry (CCR). You may register by going to www.ccr.gov and following the instructions provided online. For assistance, contact the CCR Assistance Center at 888-227-2423 or 269-961-4725
 Replace with:
 In order to receive EFT payments the recipient/cooperator shall register in the System for Award Management (SAM). You may register by going to www.sam.gov and following the instructions provided online.

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. Consumnes CSD Fire Department SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED 8/15/13	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED 7/31/2013
11.E. NAME (type or print): TRACEY HANSEN		11.F. NAME (type or print): LAURENCE CRABTREE	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	

12. G&A REVIEW



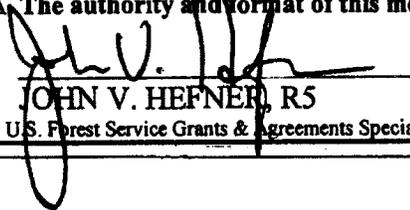
USDA Forest Service

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


JOHN V. HEFNER, RS
U.S. Forest Service Grants & Agreements Specialist

26 Jul 2013

Burden Statement

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