



MODIFICATION OF GRANT OR AGREEMENT

PAGE	OF PAGES
1	2

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-F1-11051400-034	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 03
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Northern CA AQM Service Center, Attn.: Asmaa Ali 3644 Avtech Parkway; Redding, CA 96002	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Shasta-Trinity National Forest. Attn: Billy Gardunio 3644 Avtech Parkway; Redding, CA 96002	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Lewiston Volunteer Fire Department Attn.: Mel Deardorff, Department Chief P.O. Box 164 Lewiston, CA 96052 Telephone: (530) 778-3307	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: extends Annual Operating Plan (AOP) to 05/31/2015.
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: updates Forest Service contact in Box 4, as described in Box 9
<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):
 AOP is the same for 2014 and will remain in effect through 05/31/2015. This modification also revises the US Forest Service Grants and Agreements contact in the original agreement as follows: Asmaa Ali, Grants Management Specialist; 3644 Avtech Parkway; Redding, CA 96002; telephone number: (530) 226-2418; email: aaali@fs.fed.us.

10. ATTACHED DOCUMENTATION (Check all that apply):

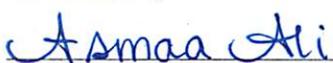
<input type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input type="checkbox"/>	Other:

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. LEWISTON FD SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED 3/6/14
11.E. NAME (type or print): MEL DEARDORFF		11.F. NAME (type or print): DAVID R. MYERS	
11.G. TITLE (type or print): Department Chief		11.H. TITLE (type or print): Forest Supervisor	

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:  ASMAA ALI U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED 2/24/14
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