USDA Forest Service

OMB 0596-0217
FS-1500-19

MODIFICATION OF GRANT OR AGREEMENT

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER:
11-F1-11051400-036		03

4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):
Northern CA AQM Service Center, Attn.: Asmaa Ali 3644 Avtech Parkway; Redding, CA 96002	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): Weaverville Fire Dept. Scott Alvord, Department Chief P.O. Box 447 Weaverville, CA 96093 Telephone (530) 623-6156	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.
☒	CHANGE IN PERFORMANCE PERIOD: extends Annual Operating Plan (AOP) to 06/16/2015.
☐	CHANGE IN FUNDING:
☒	ADMINISTRATIVE CHANGES: updates Forest Service contact in Box 4, as described in Box 9
☐	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 06/16/2015. 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):

☐	Revised Scope of Work
☐	Revised Financial Plan
☐	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. WEAVERVILLE FD SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED
Scott Alvord (Signature of Signatory Official)	3-3-14	David R. Myers (Signature of Signatory Official)	3/6/14
11.E. NAME (type or print): SCOTT ALVORD		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:**	12.B. DATE SIGNED
Asmaa Ali ASMAA ALI U.S. Forest Service Grants & Agreements Specialist	2/27/14

Burden Statement

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