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:
10-FI-11051755-021		002

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):
Tahoe National Forest 631 Coyote Street Nevada City, CA 95959	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):	**7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):**
Graniteville Volunteer Fire Company 46 Chief Paul Stone 35401 Graniteville Road Nevada City, CA 95959	

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: Change from April 15, 2013 to April 15, 2014
☐	CHANGE IN FUNDING:
☐	ADMINISTRATIVE CHANGES:
☒	OTHER (Specify type of modification): Change in Provision #36 regarding Electronric Funds Transfer

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 15, 2014.

Provision #36 Electronric Funds Transfer - the following paragraph is removed "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" and replaced by "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):

☐	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. SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED
(Signature of Signatory Official)	06/02/13	(Signature of Signatory Official)	6/14/13
11.E. NAME (type or print): PAUL STONE		11.F. NAME (type or print): TOM QUINN	
11.G. TITLE (type or print): CHIEF		11.H. TITLE (type or print): Forest Supervisor	

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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
Georgette Gurule GEORGETTE GURULE U.S. Forest Service Grants Management Specialist	5/15/2013

Burden Statement

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