



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11051000-014	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 2
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Six Rivers National Forest 1330 Bayshore Way Eureka, CA 95501-3841		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): Hawkins Bar Volunteer Fire Department P. O. Box 485 Salyer, CA 95563		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: Extend AOP Term Date to 4/30/2015
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Update Department Contact
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Renewal of Annual Operating Plan

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):
Except for the changes in the provisions included in Attachment A, the Annual Operating Plan for 2014 is the same and will remain in effect through 4/30/2015.

10. ATTACHED DOCUMENTATION (Check all that apply):

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

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. HAWKINS BAR VOLUNTEER FIRE DEPARTMENT SIGNATURE 	11.B. DATE SIGNED 5-6-14	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 5/9/14
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): TODD WRIGHT		11.F. NAME (type or print): MICHAEL MINTON	
11.G. TITLE (type or print): Chief		11.H. TITLE (type or print): Acting Forest Supervisor	

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by: JANET BOOMGARDEN U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED 4/10/14
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ATTACHMENT A

Hawkins Bar Volunteer Fire Department/ U.S. Forest Service Agreement No. 11-FI-11051000-015

OPERATIONAL & DUTY OFFICER CONTACTS

DEPARTMENT DUTY OFFICER CONTACT

TODD WRIGHT, FIRE CHIEF – (530) 739-2493

JOSH SCHERTZER, ASST. FIRE CHIEF – (530) 629-3465

WHERE TO SEND REIMBURSEMENT INVOICES

Department
Hawkins Bar Volunteer Fire Department Attn: Todd Wright, Fire Chief P. O. Box 485 Salyer, CA 95563 Telephone: 530/739-2493 FAX: 530/629-2415 Email: tdawg23232@hotmail.com