



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: <b>10-F1-11051753-016</b>	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: <b>003</b>
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): <b>Tahoe National Forest 631 Coyote Street Nevada City, CA 95959</b>	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): <b>Tahoe National Forest 631 Coyote Street Nevada City, CA 95959</b>	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): <b>Camptonville Volunteer Fire Department P.O. Box 37 Camptonville, CA 95922</b>	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 type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD:
<input type="checkbox"/>	CHANGE IN FUNDING:
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): <b>Modify Provisions 29. EQUIPMENT, 36. ELECTRONIC FUNDS TRANSFER and 42. PRINCIPAL CONTACTS; Renewal of Annual Operating Plan.</b>

**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 2014 is the same and will remain in effect to agreement expiration (06/01/2015).

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: Modified Provisions: 29. EQUIPMENT, 36. ELECTRONIC FUNDS TRANSFER and 42. PRINCIPAL CONTACTS

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. CAMPTONVILLE VFD. SIGNATURE  <small>(Signature of Signatory Official)</small>	11.B. DATE SIGNED <b>4/14/14</b>	11.C. U.S. FOREST SERVICE SIGNATURE  <small>(Signature of Signatory Official)</small>	11.D. DATE SIGNED <b>5/12/14</b>
11.E. NAME (type or print): <del>MARK JOKERST</del> <b>Brandi Dudek</b>		11.F. NAME (type or print): <b>TOM QUINN</b>	
11.G. TITLE (type or print): <b>Fire Chief</b>		11.H. TITLE (type or print): <b>Forest Supervisory</b>	

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:  <b>ROBIN BRYANT</b> U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED <b>3/5/2014</b>
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10-FI-11051753-016 Modification 03

The following Provisions in the Cooperative Fire Protection Agreement are hereby replaced:

**29. EQUIPMENT** The Party that owns the equipment is responsible for the operation, service, and repair of such equipment. Notwithstanding the general waiver of claims against each other in Clause #30, the parties agree that the Protecting Party shall pay or reimburse for damage in excess of normal wear and tear, and shall replace or reimburse items lost or destroyed, except for damage occurring as a result of negligence by the Supporting Party. Special rates for Federal Excess Personal Property (FEPP) equipment will be displayed in the rate schedules, which eliminate any purchase or replacement costs for the apparatus.

**36. ELECTRONIC FUNDS TRANSFER (EFT)** The recipient/cooperator shall designate a financial institution or an authorized payment agent through which a federal payment may be made in accordance with US Treasury Regulations, Money and Finance at 31 CFR 208, which requires that federal payments are to be made by EFT to the maximum extent possible. A waiver may be requested and payments received by check by certifying in writing that one of the following situations apply:

1. The payment recipient does not have an account at a financial institution.
2. EFT creates a financial hardship because direct deposit will cost the payment recipient more than receiving a check.
3. The payment recipient has a physical or mental disability, or a geographic, language, or literacy barrier.

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](http://www.sam.gov) and following the instructions provided online. For assistance, contact SAM User Help contact the supporting Federal Service Desk at (866) 606-8220 or [www.fsd.gov](http://www.fsd.gov) .

**42. PRINCIPAL CONTACTS.** Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

**Principal U.S. Forest Service Contacts:**

<b>U.S. Forest Service Program Contact</b>	<b>U.S. Forest Service Administrative Contact</b>
Robert Noxon 15924 Highway 49 Camptonville, CA 95922 Telephone: 530 288-3231 Email: <a href="mailto:rnoxon@fs.fed.us">rnoxon@fs.fed.us</a>	Robin Bryant 631 Coyote Street Nevada City, CA 95959 Telephone: (530) 478-6127 Email: <a href="mailto:rbryant01@fs.fed.us">rbryant01@fs.fed.us</a>



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**Camptonville Volunteer Fire Department**Compliance Roster  
Printed 4/4/2014

Call #.	Position	Last	First
6300	Fire Chief/EMT	Dudek	Brandi
6305	Captain	Esry	Jim
6306	Captain	Dozier	Chris
6307	Captain/Shift Off	Dudek	Michael
6308	Training Off.	Prince	James
6310	FF/Liason	Brown	Lee
6313	FF/Sta. Mngr	Gray	Mike, Jarn
6317	FF	Leffew	Clint
6318	FF/EMT	DeRaps	Ambrosia
6320	FF	Jaynes	Danny
6321	PFF	Shandley	Patrick
6323	PFF	Martin	Traci
6324	PFF	Dossey	Steve
6325	PFF	O'Dell	Casey
6326	PFF	Aulry	Gene
6327	FF	Tinnel	Daniel
6330	Cadet	Saucedo	Nickolas
	Cadet	Pratchner	Kai
	Cadet	Groves	Teroy