



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
	1	12

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-F1-11050359-010	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 002
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): El Dorado National Forest 100 Forni Road Placerville, CA 95667	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): El Dorado National Forest 100 Forni Road Placerville, CA 95667
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Pioneer Fire Protection District 7061 Mt. Aukum Road P.O. Box 128 Somerset, CA 95684	7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):
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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: 05/01/2014-04/30/2015
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Add Interim Chief: Todd Cunningham, phone 530-620-4444; Change Clauses 28, 35 and 41
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Updated AOP

**Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.**

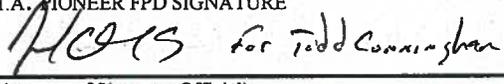
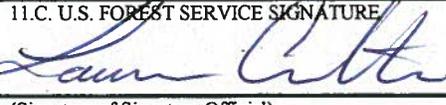
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):  
Annual Operating Plan for 2013 is replaced by attached 2014 AOP which expires on 4/30/2015.

10. ATTACHED DOCUMENTATION (Check all that apply):

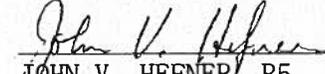
<input type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input checked="" type="checkbox"/>	Other: See attached 2014 AOP and changed clauses

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. PIONEER FPD SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED 3-27-14	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED 3/28/2014
11.E. NAME (type or print): TODD CUNNINGHAM <i>JACK Daniels</i>		11.F. NAME (type or print): LAURENCE CRABTREE	
11.G. TITLE (type or print): 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:  JOHN V. HEFNER, R5 U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED 3/19/2014
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USDA Forest Service

OMB 0596-0217  
FS-1500-19

#### Burden Statement

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11-FI-11050359-010 Modification 02

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

**28. 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 #29, 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.

**35. 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).

**41. 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:**

U.S. Forest Service Program Contact	U.S. Forest Service Administrative Contact
ASSISTANT FOREST FIRE MANAGEMENT OFFICER 100 Forni Road Placerville, CA 95667 Telephone: 530-621-5237 FAX: 530-621-5297 Email: Call for contact information	John Hefner 35 College Drive South Lake Tahoe, CA 96150 Telephone: 530-543-2696 Fax: 530-543-2693 Email: <a href="mailto:jvhefner@fs.fed.us">jvhefner@fs.fed.us</a>