



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
	1	2

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 12-MU-11051000-016	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): The Natives Service Crew P.O. Box 848 Hoopa, CA 95546-0848	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: Extends Expiration Date to April 30, 2015
<input type="checkbox"/>	CHANGE IN FUNDING:
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Attachment A (2014 AD Rates)

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

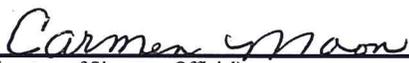
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):

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. THE NATIVES SERVICE CREW SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED 4/28/14	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED 4/30/15
11.E. NAME (type or print): CARMEN MOON		11.F. NAME (type or print): MICHAEL MINTON	
11.G. TITLE (type or print): Service Crew Leader		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 4/29/14
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Burden Statement

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ATTACHMENT A

Rates Paid Per Hour for Work Performed at Classification Levels AD-A – AD-D

Effective Date: 04/10/2014

Expires: 03/31/2015

Pay Rates (Per Hour)

Classification Level	50 States
AD-A	\$14.36
AD-B	\$15.80
AD-C	\$17.60
AD-D	\$19.40

Excerpted from FSH 5109.34 – Interagency Incident Business Management Handbook
Chapter 10 – Personnel 13.6 Exhibit 01

General Services Administration

Current Privately Owned Vehicle Reimbursement Rates

Modes of Transportation	Effective/Applicability Date	Rate per mile
Airplane*	January 1, 2014	\$1.31
If use of privately owned automobile is authorized or if no Government owned automobile is available	January 1, 2014	\$0.56
If Government-owned automobile is available	January 1, 2014	\$0.235
Motorcycle	January 1, 2014	\$0.53

* Airplane nautical miles (NMs) should be converted into statute miles (SMs) or regular miles when submitting a voucher using the formula (1 NM equals 1.15077945 SMs). You can also use the link to BoatSafe.com (a non-government website) to assist you in converting NMs to SMs or SMs to NMs.