



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
	1	4

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11050464-016	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 3
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): INYO NATIONAL FOREST 351 Pacu Lane, Ste 200, Bishop, CA 93514	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Tim Dunfee, Deputy FMO 351 Pacu Lane, Ste 200, Bishop, CA 93514
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Antelope Valley Fire Protection District 116 Larson Lane, Coleville, CA 96107 BLM, BISHOP FIELD OFFICE 351 Pacu Lane, Ste 100, Bishop, CA 93514	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 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): Modify Clause 28. EQUIPMENT and 35. ELECTRONIC FUNDS TRANSFER, List of Antelope Valley FPD principal personnel; Renew 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.

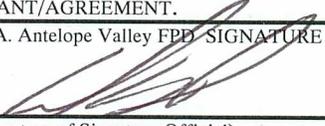
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
Annual Operating Plan for 2014 is the same and will remain in effect through May 24, 2015

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: Modify Clause 28. EQUIPMENT and 35. ELECTRONIC FUNDS TRANSFER, List of Antelope Valley FPD principal personnel

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. Antelope Valley FPD SIGNATURE 	11.B. DATE SIGNED 4-30-14	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 5/8/14
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): MIKE CURTI		11.F. NAME (type or print): EDWARD E. ARMENTA	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	
11.I. BUREAU OF LAND MANAGEMENT SIGNATURE 	11.J. DATE SIGNED 5/7/14		
(Signature of Signatory Official)			
11.K. NAME (type or print): STEVE NELSON			
11.L. TITLE (type or print): BLM, Bishop Field Manager			



USDA Forest Service

OMB 0596-0217
FS-1500-19

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

AARON S. STOUT

U.S. Forest Service Grants & Agreements Specialist

12.B. DATE
SIGNED

4/19/2014

Burden Statement

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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 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.



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ANTELOPE VALLEY VFD	11-FI-11050464-016	
LAST NAME	FIRST NAME	POSITION
CURTI	MIKE	CHIEF
FOSTER	JASON	ASST. CHIEF
MANDICHAK	MIKE	CAPTAIN/CDL
SMITH	DAVID	CAPTAIN
MORRIS	LORI	CAPTAIN
BURTON	DANNY	FFT2
CURTI	NICO	FFT2/FFT1
DISBRO	NATHAN	FFT2
LAPP	AL	FFT2
MCKNIGHT	JOHN	FFT2
MORRIS	DON	FFT2
NYGARD	JOHN	FFT2
PATNODE	DENNIS	SUPPORT
RAINEY	KAREN	SUPPORT
RODRIGUES	JUAN	FFT2
VANDERBRAKE	JERRAD	FFT2
HUBBARD	ERIC	FFT2/CADET
PETERS	JACK	FFT2/CADET