



## MODIFICATION OF GRANT OR AGREEMENT

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|  |   |                                       |
|--|---|---------------------------------------|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:<br><b>13-FI-11051600-029</b>  | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:  | 3. MODIFICATION NUMBER:<br><b>001</b> |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br><b>Stanislaus National Forest<br/>19777 Greenley Road<br/>Sonora, CA 95370</b> | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):<br><b>Stanislaus National Forest<br/>19777 Greenley Road<br/>Sonora, CA 95370</b> |                                       |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):<br><b>Calaveras Consolidated Fire Protection District<br/>6501 Jenny Lind Road<br/>Valley Springs, CA 95252</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): Modify Provisions 7. EQUIPMENT, 24. ELECTRONIC FUNDS TRANSFER and 30. PRINCIPAL CONTACTS. Add new FY14 Annual Operating Plan (Exhibit A) and Individuals Assigned to Incident Management Teams (Exhibit D). |

**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):

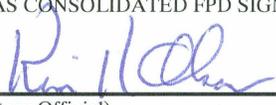
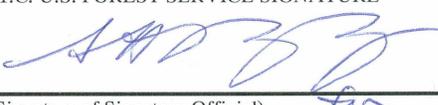
The purpose of this Modification is to revise Provisions 7. EQUIPMENT, 24. ELECTRONIC FUNDS TRANSFER and 30. PRINCIPAL CONTACTS of the FY13 Cooperative Fire Protection Agreement. This Modification also includes a new FY14 Annual Operating Plan (Exhibit A) and Individuals Assigned to Incident Management Teams (Exhibit D).

### 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 7. EQUIPMENT, 24. ELECTRONIC FUNDS TRANSFER and 30. 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. CALAVERAS CONSOLIDATED FPD SIGNATURE<br><br>(Signature of Signatory Official) | 11.B. DATE SIGNED<br>5/19/14 | 11.C. U.S. FOREST SERVICE SIGNATURE<br><br>(Signature of Signatory Official) | 11.D. DATE SIGNED<br>5/14/14 |
| 11.E. NAME (type or print): <b>KIM OLSON</b>   |                              | 11.F. NAME (type or print): <b>SUSAN V. SKALSKI</b>  |                              |
| 11.G. TITLE (type or print): <b>Chief</b>  |                              | 11.H. TITLE (type or print): <b>Forest Supervisor</b>  |                              |



**12. G&A REVIEW**

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

*Robin Bryant*

ROBIN BRYANT

U.S. Forest Service Grants & Agreements Specialist

12.B. DATE  
SIGNED

*5/4/2014*

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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13-FI-11051600-029 Modification 001

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

**7. 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 19, 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.

**24. 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).

**30. 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<br/>Program Contact</b>   | <b>U.S. Forest Service<br/>Administrative Contact</b>  |
|--|--|
| Robert Laeng<br>19777 Greenley Road<br>Sonora, CA 95370<br>Telephone: 209-532-3671<br>FAX: 209-533-1892<br>Email: rlaeng@fs.fed.us | Melanie Guinan<br>631 Coyote Street<br>Nevada City, CA 95959<br>Telephone: 530-478-6828<br>FAX: 530-478-6161<br>Email: melanieguinan@fs.fed.us |