



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-F1-11050650-011		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:		3. MODIFICATION NUMBER: 03	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Northern California Acquisition Service Area Attention; Janet Boomgarden 1330 Bayshore Way Eureka, Ca. 95501			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Lassen National Forest, Hat Creek Raner District Attention: David Grossman P.O. Box 220 Fall River Mills, Ca. 96028-0220		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Fall River Mills Volunteer Fire Department P. O. Box 582 Fall River Mills, Ca. 96028-0582			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 29. EQUIPMENT, 36. ELECTRONIC FUNDS TRANSFER and 42. PRINCIPAL CONTACTS; Renewal of Annual Operating Plan.

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 April 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: 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. FIRE DEPARTMENT SIGNATURE 	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 6/17/13
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): Scott Gallion	11.F. NAME (type or print): DAVE HAYS		
11.G. TITLE (type or print): Fire Chief	11.H. TITLE (type or print): Forest Supervisor		

12. G&A REVIEW



USDA Forest Service

OMB 0596-0217
FS-1500-19

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

Janet Boomgard
JANET BOOMGARDEN
U.S. Forest Service Grants & Agreements Specialist

12.B. DATE
SIGNED

6/10/14



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

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

Principal Cooperator Contacts:

Cooperator Program Contact	Cooperator Administrative Contact
Name Scott Gallion Address P.O. Box 582 City, State, Zip : Fall River Mills, Ca. 96028-0582 Telephone: 530-515-5670 Email: scott@fallrivermills.org	Doug Ontano P.O. Box 582 Fall River Mills, Ca. 96028-0582 530-336-6117

Principal U.S. Forest Service Contacts:

U.S. Forest Service Program Contact	U.S. Forest Service Administrative Contact
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<p>Name: David Grossman Address P.O. Box 220 City, State, Zip Code: Fall River Mills, Ca. 96028 Telephone: 530-336-3331 Email: dgrossman@fs.fed.us</p>	<p>Name: Janet Boomgarden Address 1330 Bayshore Way City, State, Zip: Eureka, Ca. 95501 Telephone: 707-441-3556 Email: jboomgarden@fs.fed.us</p>
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