



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
	1	3

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11050464-020	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): 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): Paradise Fire Protection District 530 Lower Rock Creek Rd, Bishop, CA 93514 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, Paradise 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.

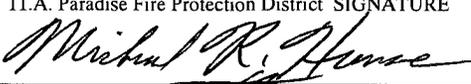
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
Annual Operating Plan for 2014 is the same and will remain in effect through March , 2015

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, Paradise FPD principal personnel

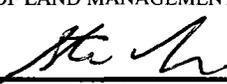
11. SIGNATURES

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. Paradise Fire Protection District SIGNATURE 	11.B. DATE SIGNED 2014-06-08	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 6/12/14
(Signature of Signatory Official)		(Signature of Signatory Official)	

11.E. NAME (type or print): MIKE HOUSE	11.F. NAME (type or print): EDWARD E. ARMENTA
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11.G. TITLE (type or print): Fire Chief	11.H. TITLE (type or print): Forest Supervisor
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11.I. BUREAU OF LAND MANAGEMENT SIGNATURE 	11.J. DATE SIGNED 6/13/2014
(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

5/5/2014

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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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.

PARADISE VFD	11-FI-11050464-020	
LAST NAME	FIRST NAME	POSITION
DANIEL	MARK	ASSISTANT CHIEF
HOLLAND	EM	FFT
HOUSE	MICHAEL	CHIEF
HOUSE	DEBRAH	FFT
KINNEY	RUSS	FFT
KLINEFELTER	KEVIN	CAPTAIN
KLINEFELTER	ANNE	FFT
MARTEN	GENE	FFT
McCONACHIE	JON	FFT
NAPOLES	JOE	FFT
SCHNEIDER	BARBARA	FFT
WILLIAMS	CRAIG	CAPTIAN
KNAUSS	MARK	FFT