USDA Forest Service

OMB 0596-0217
FS-1500-19

MODIFICATION OF GRANT OR AGREEMENT

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER:
12-FI-11051400-037		02

4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):
Northern California Acquisitions Service Area Attn: Asmaa Ali 3644 Avtech Parkway Redding, CA 96002	Shasta-Trinity National Forest Attn: Billy Gardunio 3644 Avtech Parkway Redding, CA 96002
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):	7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):
Shasta Lake Fire Protection District 4126 Ashby Ct Shasta Lake, CA 96019	

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.
☒	CHANGE IN PERFORMANCE PERIOD: Extends AOP to April 30, 2015
☐	CHANGE IN FUNDING:
☒	ADMINISTRATIVE CHANGES: Updates U.S. Forest Service Administrative Contact
☐	OTHER (Specify type of modification):

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 the modification is to extend the expiration date of the Annual Operating Plan (AOP) to April 30, 2015. This modification also updates the U.S. Forest Service Adminstrative Contact in the original agreement, as follows:

U.S. Forest Service Adminstrative Contact
Asmaa Ali, Grants Management Specialist
3644 Avtech Parkway
Redding, CA 96002
Telephone: 530-226-2418
FAX: 530-226-2474
Email: aaali@fs.fed.us

10. ATTACHED DOCUMENTATION (Check all that apply):

☐	Revised Scope of Work
☐	Revised Financial Plan
☐	Other:

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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. SHASTA LAKE FIRE PROTECTION DISTRICT SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED
Adw Rg (Signature of Signatory Official)		David R. Myers (Signature of Signatory Official)	8/13/14
11.E. NAME (type or print): **ADRIAN RODGERS**		11.F. NAME (type or print): **DAVID R. MYERS**	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	

12. G&A REVIEW

12.A. **The authority and format of this modification have been reviewed and approved for signature by:**	12.B. DATE SIGNED
Asmaa Ali ASMAA ALI U.S. Forest Service Grants & Agreements Specialist	July 11, 2014

SHASTA TRINITY

AUG 8 2014

NATIONAL FOREST

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