



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11051000-034	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): Six Rivers National Forest 1330 Bayshore Way Eureka, CA 95501-3841	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Orleans Volunteer Fire Department P.O. Box 312 Orleans, CA 95556-0312	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 checked="" type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD: Extend AOP Term Date to December 31, 2015.
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Remove Jason Owmbey's contact information from Forest Service Operational & Duty Officer Contacts
<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 2015 is the same and will remain in effect through December 31, 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. ORLEANS VOLUNTEER FIRE DEPARTMENT SIGNATURE 	11.B. DATE SIGNED 5/6/15	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 5-14-15
11.E. NAME (type or print): TODD SALBERG		11.F. NAME (type or print): MERV GEORGE JR.	
11.G. TITLE (type or print): 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: JANET BOOMGARDE U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED 4/16/15
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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
Orleans Volunteer Fire Department Attn: Todd Salberg P.O. Box 312 Orleans, CA 95556-0312 Telephone: (530) 627-3601 Email: robert.orn@gmail.com	Same as Program Contact



Principal U.S. Forest Service Contacts:

U.S. Forest Service Program Contact	U.S. Forest Service Administrative Contact
<p>Six Rivers National Forest Attn: Mike Minton 1330 Bayshore Way Eureka, CA 95501 Telephone: (707) 441-3535 Email: mminton@fs.fed.us</p>	<p>Six Rivers National Forest Attn: Rachel Esquivel 1330 Bayshore Way Eureka, CA 95501 Telephone: (707) 441-3535 Email: rcorkill@fs.fed.us</p>

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