



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11051757-041	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 003
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Tahoe National Forest 631 Coyote Street Nevada City, CA 95959	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): Northstar Fire Department 910 Northstar Drive Truckee, CA 96161	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 expiration date of Annual Operating Plan (AOP) to 04/30/2016
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Update U.S. Forest Service Contacts
<input type="checkbox"/>	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 this Modification is to extend the expiration date of the current AOP (Exhibit B) to 04/30/2016. This Mod also updates the following contacts listed in the agreement under 42. PRINCIPAL CONTACTS:

<p><u>U.S. Forest Service Program Contact:</u> Shelly Pearce 631 Coyote Street Nevada City, CA 95959 Telephone: 530-478-6280 Fax: 530-478-6109 Email: rpearce@fs.fed.us</p>	<p><u>U.S. Forest Service Administrative Contact:</u> Melanie Guinan 631 Coyote Street Nevada City, CA 95959 Telephone: 530-478-6828 Fax: 530-478-6161 Email: melanieguinan@fs.fed.us</p>
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10. ATTACHED DOCUMENTATION (Check all that apply):

<input type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input type="checkbox"/>	Other:

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. NORTHSTAR FIRE DEPARTMENT SIGNATURE 	11.B. DATE SIGNED 4/9/15	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 4-13-15
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): MARK SHADOWENS		11.F. NAME (type or print): TOM QUINN	
11.G. TITLE (type or print): Chief		11.H. TITLE (type or print): Forest Supervisor	



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:

Melanie Guinan

MELANIE GUINAN

U.S. Forest Service Grants Management Specialist

12.B. DATE
SIGNED

03/31/15

Burden Statement

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