



### MODIFICATION OF GRANT OR AGREEMENT

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|  |  |                                |
|--|--|--------------------------------|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:<br>11-FI-11051757-040 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER:<br>004 |
|--|--|--------------------------------|

|   |   |
|---|---|
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br>Tahoe National Forest<br>631 Coyote Street<br>Nevada City, CA 95959 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): |
|---|---|

|   |  |
|---|--|
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):<br>Truckee Fire Protection District<br>P.O. Box 2768<br>Truckee, CA 96160 | 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 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:

**U.S. Forest Service Program Contact:**  
Shelly Pearce  
631 Coyote Street  
Nevada City, CA 95959  
Telephone: 530-478-6280  
Fax: 530-478-6109  
Email: rlpearce@fs.fed.us

**U.S. Forest Service Administrative Contact:**  
Melanie Guinan  
631 Coyote Street  
Nevada City, CA 95959  
Telephone: 530-478-6828  
Fax: 530-478-6161  
Email: melanieguinan@fs.fed.us

### 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. TRUCKEE FIRE PROTECTION DISTRICT SIGNATURE<br> | 11.B. DATE SIGNED<br>4/22/15 | 11.C. U.S. FOREST SERVICE SIGNATURE<br>        | 11.D. DATE SIGNED<br>4/30/15 |
| (Signature of Signatory Official)                    |                              | (Signature of Signatory Official)              |                              |
| 11.E. NAME (type or print): ROBERT BENA              |                              | 11.F. NAME (type or print): TOM QUINN          |                              |
| 11.G. TITLE (type or print): Fire 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

03/27/15

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