



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 14-FI-11051100-016		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:		3. MODIFICATION NUMBER: 001	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): US Forest Service Plumas National Forest 159 Lawrence Street Quincy, CA 95971			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): Plumas Eureka Fire Department 200 Ludy Ln Blaisden, CA 96103			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: 05/27/2015 through 05/27/2016
<input type="checkbox"/>	CHANGE IN FUNDING:
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Change FS admin contact to Aaron Stout, 530-478-6825, asstout@fs.fed.us

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 updated and will remain in effect through 05/27/2016

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. PUMAS EUREKA FIRE DEPARTMENT SIGNATURE 		11.B. DATE SIGNED 3/20/15		11.C. U.S. FOREST SERVICE SIGNATURE 		11.D. DATE SIGNED 3/18/15	
(Signature of Signatory Official)				(Signature of Signatory Official)			
11.E. NAME (type or print): GARY CASTAGNETTI THOMAS FORSTER				11.F. NAME (type or print): DEBRA WHITMAN			
11.G. TITLE (type or print): Fire Chief				11.H. TITLE (type or print): Acting Forest Supervisor			

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 3/17/15	
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Burden Statement

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Forest
Service

Pacific Southwest Region

Regional Office, R5
1323 Club Drive
Vallejo, CA 94592
(707) 562-8737
TDD: (707) 562-9240

File Code: 1230

Date: February 4, 2015

Route To:

Subject: Delegation of Authority for Deb Whitman

To: Debra Whitman

Consistent with Forest Service Manual 1230, effective February 9, 2015, through May 8, 2015, I hereby designate you the acting Forest Supervisor of the Plumas National Forest and delegate to you all of the authorities and responsibilities of the Forest Supervisor.

As such, you are responsible to the Regional Forester for leadership, management, protection, development, and administration of the Forest. You have responsibility for the work and activities of all forest staff and line personnel assigned; and the authority to direct and control their activities, as needed, for the efficient operation of the Plumas National Forest.

If you have questions, please contact me at (707) 562-9000.

RANDY MOORE

Regional Forester Pacific Southwest Region

