



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11051000-039		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:		3. MODIFICATION NUMBER: 4	
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):		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Southern Trinity Volunteer Fire Department P.O. Box 16 Mad River, CA 95552-0016			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 type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD:
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: EFFECTIVE JUNE 1, 2015
<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 revise a section of the AOP provision REIMBURSEMENT RATES AND METHODOLOGY (non-aviation), Department Personnel and Equipment, to read:

Personnel that are fire suppression responders to emergencies and other personnel (non-suppression) will be reimbursed for actual time worked on the incident unless there is a MOU, MOA or governing body resolution that dictates the specific position is to be reimbursed portal to portal for the time committed to an emergency incident. The MOU, MOAs or resolutions must not be contingent on this agreement or executed on the sole basis that there is reimbursement from the federal or state agency, and must be identified as part of their normal business practices.

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. SOUTHERN TRINITY VOLUNTEER FIRE DEPARTMENT SIGNATURE <i>William German</i> (Signature of Signatory Official)		11.B. DATE SIGNED 6/28/15	11.C. U.S. FOREST SERVICE SIGNATURE <i>Merv George, Jr.</i> (Signature of Signatory Official)		11.D. DATE SIGNED 7-1-15
11.E. NAME (type or print): WILLIAM GERMAN			11.F. NAME (type or print): MERV GEORGE, JR.		
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:

JANET BOOMGARDEN
U.S. Forest Service Grants & Agreements Specialist

12.B. DATE
SIGNED

6/25/15



Burden Statement

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