



**MODIFICATION OF GRANT OR AGREEMENT**

|      |          |
|------|----------|
| PAGE | OF PAGES |
| 1    | 2        |

|                                                                      |                                                            |                                |
|----------------------------------------------------------------------|------------------------------------------------------------|--------------------------------|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:<br>13-FI-11051600-027 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER:<br>003 |
|----------------------------------------------------------------------|------------------------------------------------------------|--------------------------------|

|                                                                                                                                                                                                   |                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br>Stanislaus National Forest<br>19777 Greenley Road<br>Sonora, CA 95370 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):<br>Stanislaus National Forest<br>19777 Greenley Road<br>Sonora, CA 95370 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                    |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):<br>West Point Fire Protection District<br>P.O. Box 315<br>West Point, CA 95255 | 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 (Exhibit A) 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. WEST POINT FPD SIGNATURE<br>      | 11.B. DATE SIGNED<br>7/7/15 | 11.C. U.S. FOREST SERVICE SIGNATURE<br>        | 11.D. DATE SIGNED<br>7/7/15 |
| (Signature of Signatory Official)       |                             | (Signature of Signatory Official)              |                             |
| 11.E. NAME (type or print): JIM CARROLL |                             | 11.F. NAME (type or print): JEANNE M. HIGGINS  |                             |
| 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:

*Melanie Guinan*

MELANIE GUINAN

U.S. Forest Service Grants Management Specialist

12.B. DATE  
SIGNED

*06/30/15*

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.