



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11050464-013	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY.	3. MODIFICATION NUMBER: 003
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): INYO NATIONAL FOREST 351 Pacu Lane, Ste 200, Bishop, CA 93514	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT ACTIVITY (unit name, street, city, state, and zip + 4): Bureau of Land Management, Bishop Field Office 351 Pacu Lane, Ste 200, Bishop, CA 93514	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Long Valley Fire Protection District 3605 Crowley Lake Drive, Crowley Lake, Ca. 93514 BLM, Bishop Fiels Office 351 Pacu Ln, Bishop, CA 93514	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: AOP expiration date 7/20/2016
<input type="checkbox"/>	CHANGE IN FUNDING:
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<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):
 Annual Operating Plan for 2015 is the same and will remain in effect through July 20, 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. Long Valley Fire Protection District SIGNATURE (Signature of Signatory Official)	11.B. DATE SIGNED 6-1-15	11.C. U.S. FOREST SERVICE SIGNATURE (Signature of Signatory Official) Michael S. Beasley	11.D. DATE SIGNED 6/15/15
11.E. NAME (type or print): Vince Manianci		11.F. NAME (type or print): Edward E. Armenta	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	
11.I. BUREAU OF LAND MANAGEMENT SIGNATURE (Signature of Signatory Official)	11.J. DATE SIGNED 6/17/15		
11.K. NAME (type or print): Steve Nelson			
11.L. TITLE (type or print): BLM, Bishop Field Manager			



USDA Forest Service

OMB 0596-0217
FS-1500-19

[Redacted box]

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

12.B. DATE
SIGNED

4/14/15

Aaron S. Stout
U.S. Forest Service Grants & Agreements Specialist



USDA Forest Service

OMB 0596-0217
FS-1500-19

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.

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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.



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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-FI-11050464-013	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 004
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): INYO NATIONAL FOREST 351 Pacu Lane, Ste 200, Bishop, CA 93514	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Bureau of Land Management, Bishop Field Office 351 Pacu Lane, Ste 200, Bishop, CA 93514
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Long Valley Fire Protection District 3605 Crowley Lake Drive, Crowley Lake, CA. 93514 BLM, Bishop Fiels Office 351 Pacu Ln, Bishop, CA 93514	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 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.

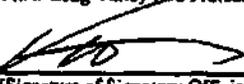
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
 The purpose of this modification is to revise a section of the AOP provision REIMBURSEMENT RATES AND METHODOLGY (non-aviation), Department Personnel and Equipment, to read:
 Personnel that are fire suppression responders 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

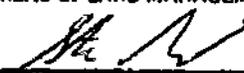
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.

11.A. Long Valley Fire Protection District SIGNATURE 	11.B. DATE SIGNED 7.30.15	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 7/31/15
11.E. NAME (type or print): Vince Manianci		11.F. NAME (type or print): Edward E. Armenta	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	

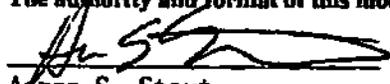


USDA Forest Service

OMB 0596-0217
FS-1500-19

11.I. BUREAU OF LAND MANAGEMENT SIGNATURE 	11.J. DATE SIGNED 7/31/2015
(Signature of Signatory Official)	
11.K. NAME (type or print): Steve Nelson	
11.L. TITLE (type or print): BLM, Bishop Field Manager	

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 6/25/2015
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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.

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