



### MODIFICATION OF GRANT OR AGREEMENT

PAGE 1 OF PAGES 3

|  |  |  |   |                              |  |
|--|--|--|---|------------------------------|--|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:<br>11-FI-11050464-021   |  | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: |   | 3. MODIFICATION NUMBER:<br>1 |  |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br>Inyo National Forest<br>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):<br>Jeff Iler, FMO<br>351 Pacu Lane, Suite 200; Bishop, CA 93514 |                              |  |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):<br>Independence Fire Protection District<br>PO Box Drawer B; Independence, CA 93526<br>BLM, Bishop Field Office<br>351 Pacu Lane, Bishop, CA 93514 |  |  | 7. RECIPIENT/COOPERATOR'S IHS SUB ACCOUNT NUMBER (For IHS 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: 07/27/12-07/27/13  |
| <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 2012 is the same and will remain in effect through 07/27/13.

### 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. INDEPENDENT FPD SIGNATURE<br><br>(Signature of Signatory Official) |  | 11.B. DATE SIGNED<br>5-4-12 |  | 11.C. U.S. FOREST SERVICE SIGNATURE<br><br>(Signature of Signatory Official) |  | 11.D. DATE SIGNED<br>5/9/12 |  |
| 11.E. NAME (type or print): Mark Felton                                  |  |                             |  | 11.F. NAME (type or print): Edward A. Armenta                                |  |                             |  |
| 11.G. TITLE (type or print): Fire Chief                                  |  |                             |  | 11.H. TITLE (type or print): Inyo NF, Forest Supervisor                      |  |                             |  |
| 11.I. BLM SIGNATURE<br><br>(Signature of Signatory Official)             |  | 11.J. DATE SIGNED<br>5/7/12 |  |  |  |                             |  |
| 11.K. NAME (type or print): Bernadette Lovato                            |  |                             |  |  |  |                             |  |
| 11.L. TITLE (type or print): BLM, Bishop Field Manager                   |  |                             |  |  |  |                             |  |



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:

12.B. DATE  
SIGNED

*Dana Mees*

DANA MEES

U.S. Forest Service Grants & Agreements Specialist

4/17/12



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.

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