



### MODIFICATION OF GRANT OR AGREEMENT

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| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:<br>11-FI-11051400-036 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER:<br>01 |
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|  |   |
|--|---|
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br>Northern CA AQM Service Center<br>Attn: Robin Bryant<br>3644 Avtech Parkway<br>Redding, CA 96002 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):<br>Shasta Trinity National Forest<br>Attn: Billy Gardunio<br>3644 Avtech Parkway<br>Redding, CA 96002 |
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| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):<br>Weaverville Fire Department<br>Attn: Scott Alvord<br>P.O. Box 447<br>Weaverville, CA 96093 | 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 checked="" type="checkbox"/> | CHANGE IN PERFORMANCE PERIOD: Extends AOP to 04/30/2013.   |
| <input type="checkbox"/>            | CHANGE IN FUNDING:   |
| <input type="checkbox"/>            | ADMINISTRATIVE CHANGES:  |
| <input checked="" type="checkbox"/> | OTHER (Specify type of modification): Renewal of Annual Operating Plan.  |

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 April 30, 2013.

### 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.

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| 11.A. SIGNATURE<br><br>(Signature of Signatory Official) | 11.B. DATE SIGNED<br>5-16-2012                 | 11.C. U.S. FOREST SERVICE SIGNATURE<br><br>(Signature of Signatory Official) | 11.D. DATE SIGNED<br>5-30-12 |
| 11.E. NAME (type or print): SCOTT ALVORD                 | 11.F. NAME (type or print): J. SHARON HEYWOOD  |  |                              |
| 11.G. TITLE (type or print): Department Chief            | 11.H. TITLE (type or print): Forest Supervisor |  |                              |

### 12. G&A REVIEW

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|---|------------------------------|
| 12.A. The authority and format of this modification have been reviewed and approved for signature by:<br><br>ROBIN BRYANT<br>U.S. Forest Service Grants & Agreements Specialist | 12.B. DATE SIGNED<br>4/27/12 |
|---|------------------------------|