



MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11050800-012	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 01
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Robin Bryant Northern California AQM Service Area 3644 Avtech Parkway Redding, CA 96002	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Medocino National Forest 825 N. Humboldt Ave. Willows, CA 95988	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Northshore Fire Protection District P.O. Box 1199 Lucerne, CA 95458	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: Change to U.S. Forest Service Administrative Contact
<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):
This purpose of this modification is to update 43. PRINCIPAL CONTACTS. U.S. Forest Service Administrative Contact is changed to: Robin Bryant; at the address listed in 4. above; Telephone (530) 226-2303; Email rbryant01@fs.fed.us.

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. COOPERATOR SIGNATURE (Signature of Signatory Official)	11.B. DATE SIGNED 3/24/11	11.C. U.S. FOREST SERVICE SIGNATURE (Signature of Signatory Official)	11.D. DATE SIGNED 4/20/2011
11.E. NAME (type or print): JIM ROBBINS		11.F. NAME (type or print): LEE D. JOHNSON	
11.G. TITLE (type or print): Department Chief, Northshore Fire Protection District		11.H. TITLE (type or print): Acting Forest Supervisor Mendocino National Forest	

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by: Lynne Sholty U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED 3/22/11
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