



MODIFICATION OF GRANT OR AGREEMENT

PAGE	OF PAGES
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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 09-FI-11050950-029	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 4
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Northern California AQM Service Area 800 W. 12th Street, Alturas, CA 96101	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Modoc National Forest, 800 W 12th Street, Alturas, CA 96101	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Cedarville Fire Department P.O. BOX 59, Cedarville CA, 96104	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: Extends AOP to 4/30/2014
<input type="checkbox"/>	CHANGE IN FUNDING:
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Update Forest Service Line Officer Contact
<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.

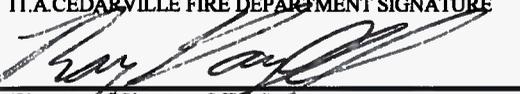
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
Except for changing the Forest Service Line Officer Contact to Tim Knight (530-233-8830) the Annual Operating Plan for 2013 is the same and will remain in effect through 4/30/2014.

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. CEDARVILLE FIRE DEPARTMENT SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED 4-9-13	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED 4/10/13
11.E. NAME (type or print): RAY GORZELL	11.F. NAME (type or print): KIMBERLY H. ANDERSON		
11.G. TITLE (type or print): Fire 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:  JANET BOOMGARDEN U.S. Forest Service Grants Management Specialist	12.B. DATE SIGNED 3/13/13
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