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| MODIFICATION OF GRANT OR AGREEMENT | PAGE 1 | OF PAGES 3 |
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| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 12-MU-11051000-016 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER: 1 |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Six Rivers National Forest 1330 Bayshore Way Eureka, CA 95501-3841 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): | |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): The Natives Service Crew P.O. Box 848 Hoopa, CA 95546-0848 | 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only): | |

8. PURPOSE OF MODIFICATION

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| 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: Extend Expiration Date to April 30, 2014 |
| <input type="checkbox"/> | CHANGE IN FUNDING: |
| <input checked="" type="checkbox"/> | ADMINISTRATIVE CHANGES: Update Principal Contacts Provision & Attachment A |
| <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):

10. ATTACHED DOCUMENTATION (Check all that apply):

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Revised Scope of Work |
| <input type="checkbox"/> | Revised Financial Plan |
| <input checked="" type="checkbox"/> | Other: Updated Principal Contacts and Attachment A |

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. THE NATIVES SERVICE CREW SIGNATURE | 11.B. DATE SIGNED 5-8-13 | 11.C. U.S. FOREST SERVICE SIGNATURE | 11.D. DATE SIGNED May 6, 2013 |
| (Signature of Signatory Official) | | (Signature of Signatory Official) | |
| 11.E. NAME (type or print): CARMEN MOON | | 11.F. NAME (type or print): TYRONE KELLEY | |
| 11.G. TITLE (type or print): Service Crew Leader | | 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: JANET BOOMGARDEN U.S. Forest Service Grants Management Specialist | 12.B. DATE SIGNED 5/10/13 |
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The following provision and Attachment A in agreement # 12-MU-11051000-016 are hereby replaced:

VIII. Forest Service Required Clauses

1. PRINCIPAL CONTACTS. Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

Principal Cooperator Contacts:

| Crew Leader/Administrative Contact | Alternate #1 Contact |
|---|--|
| Name: Carmen Moon Address: P.O. Box 848 City, State, Zip: Hoopa, CA 95546 Telephone: (530) 625-4786 Cell: (707) 499-0751 Email: neonnatives@yahoo.com | Name: Richard D. Moon Address: P.O. Box 1443 City, State, Zip: Hoopa, CA 95546 Telephone: (530) 625-4377 Cell: (707) 598-4555 <i>530-215-6785</i> |

Principal U.S. Forest Service Contacts:

| U.S. Forest Service Program Manager Contact | U.S. Forest Service Administrative Contact |
|--|---|
| Name: Mike Minton Address: 1330 Bayshore Way City, State, Zip: Eureka, CA 95501 Telephone: (707) 441-3535 FAX: (707) 441-3591 Email: mminton@fs.fed.us | Name: Rachel Corkill Address: 1330 Bayshore Way City, State, Zip: Eureka, CA 95501 Telephone: (707) 441-3522 FAX: (707) 441-3591 Email: rcorkill@fs.fed.us |

| U.S. Forest Service Payment Contact |
|---|
| Name: Rachel Corkill Address: 1330 Bayshore Way City, State, Zip: Eureka, CA 95501 Telephone: (707) 441-3522 FAX: (707) 441-3591 Email: rcorkill@fs.fed.us |

ATTACHMENT A

Rates Paid Per Hour for Work Performed at Classification Levels AD-A – AD-D

Effective Date: 04/03/2013

Expires: 04/03/2014

| Classification Level | Pay Rates (Per Hour) 50 States |
|-------------------------|-----------------------------------|
| AD-A | \$14.20 |
| AD-B | \$15.64 |
| AD-C | \$17.40 |
| AD-D | \$19.20 |

Excerpted from FSH 5109.34 – Interagency Incident Business Management Handbook
Chapter 10 – Personnel 13.6 Exhibit 01

General Services Administration

Current Privately Owned Vehicle Reimbursement Rates

| Modes of Transportation | Effective/Applicability Date | Rate per mile |
|---|---------------------------------|------------------|
| Airplane* | January 1, 2013 | \$1.33 |
| If use of privately owned automobile is authorized or if no Government owned automobile is available | January 1, 2013 | \$0.565 |
| If Government-owned automobile is available | January 1, 2013 | \$0.24 |
| Motorcycle | January 1, 2013 | \$0.535 |

* Airplane nautical miles (NMs) should be converted into statute miles (SMs) or regular miles when submitting a voucher using the formula (1 NM equals 1.15077945 SMs). You can also use the link to BoatSafe.com (a non-government website) to assist you in converting NMs to SMs or SMs to NMs.