



MODIFICATION OF GRANT OR AGREEMENT

PAGE	OF PAGES
1	1

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11050500-048		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): Klamath National Forest 1711 S. Main Street Yreka, CA 96097-9518		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): Fort Jones City Fire Department P.O. Box 597 Fort Jones, CA 96032-0597		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 type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Add additional information under provision I. PURPOSE of the Cooperative Fire Agreement.

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):
Mod #1 to Cooperative Fire Protection Agreement - Add the following sentence, as a separate paragraph, to the end of provision I. PURPOSE: The purpose of the agreement is to also provide overhead personnel for Federal Incident Management Teams and miscellaneous overhead resources.

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. FORT JONES CITY FIRE DEPARTMENT SIGNATURE 	11.B. DATE SIGNED 5/6/13	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 5.29.13
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): CHRISTIAN SHERFY		11.F. NAME (type or print): PATRICIA A. GRANTHAM	
11.G. TITLE (type or print): 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 & Agreements Specialist	12.B. DATE SIGNED 4/18/13
--	-------------------------------------