

**MODIFICATION OF GRANT OR AGREEMENT**

PAGE 1 OF 3

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:
12-FI-11050464-0282. RECIPIENT/COOPERATOR GRANT or
AGREEMENT NUMBER, IF ANY:3. MODIFICATION NUMBER:
0024. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):
INYO NATIONAL FOREST
351 Pacu Lane, Ste 200, Bishop, CA 935145. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):
Bureau of Land Management, Bishop Field Office
351 Pacu Lane, Ste 200, Bishop, CA 935146. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +
4, county):
Mammoth Lakes Fire Department
P.O. Box 5 Mammoth Lakes, Ca. 93546
BLM, Bishop Fiels Office
351 Pacu Ln, Bishop, CA 935147. 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.

CHANGE IN PERFORMANCE PERIOD: AOP expiration date 7/12/2016



CHANGE IN FUNDING:



ADMINISTRATIVE CHANGES:



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):
Annual Operating Plan for 2015 is the same and will remain in effect through July 12, 2016**10. ATTACHED DOCUMENTATION (Check all that apply):**

Revised Scope of Work



Revised Financial Plan



Other:

11. SIGNATURESAUTHORIZED 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. Mammoth Lakes Fire Department SIGNATURE

(Signature of Signatory Official)

11.B. DATE
SIGNED

4/25/15

11.C. U.S. FOREST SERVICE SIGNATURE

(Signature of Signatory Official) Michael S. Beasley

11.D. DATE
SIGNED

6/15/15

11.E. NAME (type or print): Brent Harper Frank Frickel

11.F. NAME (type or print): Edward E. Armenta

11.G. TITLE (type or print): Fire Chief

11.H. TITLE (type or print): Forest Supervisor

11.I. BUREAU OF LAND MANAGEMENT SIGNATURE

(Signature of Signatory Official)

11.J. DATE
SIGNED

6/17/15

11.K. NAME (type or print): Steve Nelson

11.L. TITLE (type or print): BLM, Bishop Field Manager



USDA Forest Service

OMB 0596-0217
FS-1500-19

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

Aaron S. Stout

U.S. Forest Service Grants & Agreements Specialist

12.B. DATE
SIGNED

4/14/15



Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.



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referenced in item no. 1, above.

CHANGE IN PERFORMANCE PERIOD:



CHANGE IN FUNDING:



ADMINISTRATIVE CHANGES: Effective June 1, 2015



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):

The purpose of this modification is to revise a section of the AOP provision REIMBURSEMENT RATES AND METHODOLOGY
(non-aviation), Department Personnel and Equipment, to read:Personnel that are fire suppression responders to emergencies and other personnel (non-suppression) will be reimbursed for actual
time worked on the incident unless there is a MOU, MOA or governing body resolution that dictates the specific position is to be
reimbursed portal to portal for the time committed to an emergency incident. The MOU, MOAs or resolutions must not be contingent
on this agreement or executed on the sole basis that there is reimbursement from the federal or state agency, and must be identified as
part of their normal business practices.**10. ATTACHED DOCUMENTATION (Check all that apply):**

Revised Scope of Work



Revised Financial Plan



Other:

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11.D. DATE
SIGNED

(Signature of Signatory Official)

11.E. NAME (type or print): Brent Harper

(Signature of Signatory Official)

11.F. NAME (type or print): Edward E. Armenta

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11.H. TITLE (type or print): Forest Supervisor



USDA Forest Service

OMB 0596-0217
FS-1500-19

11.I. BUREAU OF LAND MANAGEMENT SIGNATURE

11.J. DATE
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11.K. NAME (type or print): Steve Nelson

11.L. TITLE (type or print): BLM, Bishop Field Manager

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Aaron S. Stout

U.S. Forest Service Grants & Agreements Specialist

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