



United States
Department of
Agriculture

Forest
Service

Central California Acquisition
Service Area

Inyo National Forest
Lake Tahoe Basin MU
Eldorado National Forest
Tahoe National Forest
Stanislaus National Forest
Plumas National Forest

September 21, 2015

County of El Dorado
Community Development Agency
Transportation Division, Tahoe Engineering
Attn: Donaldo Palaroan, P.E
924B Emerald Bay Road
South Lake Tahoe, CA 96150

RECEIVED BY
EDOT-LAKE TAHOE ENGINEERING
SEP 24 2015

GRANTS & AGREEMENTS TRANSMITTAL MEMO

- Grant or Agreement No: 11-DG-11051900-031
- Enclosed is/are 2 original(s) of the referenced document which has been signed on behalf of the USDA Forest Service.
- Please return a fully executed copy for our files.
- Please note and initial change(s), then return a fully executed copy for our files.
- Please sign both copies of the proposed agreement and return them to the address below. A fully executed copy will be returned for your files.
- I am submitting a fully executed copy of Mod 005 for your files.**

Please direct any inquiries regarding the above referenced document to:

Melanie Guinan
Grants Management Specialist
Central California Acquisition Service Area
631 Coyote Street
Nevada City, CA 95959
Phone: (530) 478-6828
Email: melanieguinan@fs.fed.us

/s/ Melanie Guinan

Melanie Guinan
Grants Management Specialist

Enclosure (1)





MODIFICATION OF GRANT OR AGREEMENT

PAGE 1 OF PAGES 10

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-DG-11051900-031		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:		3. MODIFICATION NUMBER: 005	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Lake Tahoe Basin Management Unit 35 College Drive South Lake Tahoe, Ca. 96150			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Lake Tahoe Basin Management Unit 35 College Drive South Lake Tahoe, Ca. 96150		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): County of El Dorado Community Development Agency, Transportation Division 2850 Fairlane Court Placerville, Ca. 95667			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): Change in Scope of Work (Project Area)

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 change the project area as outlined in the Letter of Request from the recipient dated August 6, 2015.

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: Letter of Request, Maps of previous and proposed project area, Revised SF-424

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. COUNTY OF EL DORADO SIGNATURE 	11.B. DATE SIGNED 09/09/15	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 9/9/15
11.E. NAME (type or print): JOHN KAHLING		11.F. NAME (type or print): JEFF MARSOLAIS	
11.G. TITLE (type or print): Deputy Director of Engineering, Transportation Division		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:

Melanie Guinan

MELANIE GUINAN

U.S. Forest Service Grants Management Specialist

**12.B. DATE
SIGNED**

08/31/2015

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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COMMUNITY DEVELOPMENT AGENCY

TRANSPORTATION DIVISION

<http://www.edcgov.us/DOT/>

PLACERVILLE OFFICES:

MAIN OFFICE:

2850 Fairlane Court, Placerville, CA 95667
(530) 621-5900 / (530) 626-0387 Fax

MAINTENANCE:

2441 Headington Road, Placerville, CA 95667
(530) 642-4909 / (530) 642-0508 Fax

LAKE TAHOE OFFICES:

ENGINEERING:

924 B Emerald Bay Road, South Lake Tahoe, CA 96150
(530) 573-7900 / (530) 541-7049 Fax

MAINTENANCE:

1121 Shakori Drive, South Lake Tahoe, CA 96150
(530) 573-3180 / (530) 577-8402 Fax

August 6, 2015

Barbara Shanley
Erosion Control Grants Manager
USDA Forest Service - Lake Tahoe Basin Management Unit
35 College Drive
South Lake Tahoe, CA 96150

Subject: 11-DG-11051900-031 Grant Scope Change – Modification #5

Dear Ms. Shanley:

The County of El Dorado Community Development Agency, Transportation Division (CDA-TD), Tahoe Engineering is proposing a revision to the subject Round 11 Southern Nevada Public Land Management Act (SNPLMA) Grant. This proposed revision is to update the scope of the Meyers Erosion Control Project (Project). There are no changes to the original budget for the Project or the overall budget for the grant.

CDA-TD is currently in the development stages of the Feasibility Report. This report contains an evaluation of the alternatives with respect to water quality improvements, stream environment zone, wetland restoration, and erosion control mitigation measures for the Project. During the development of this report, CDA-TD felt it necessary to expand the original Project area identified in the Round 11 SNPLMA grant to include the area west of Apache Avenue to the westerly limits of the subdivision and to the northerly limits of Bakersfield Street and Country Club Drive. See attached figure for more detail of this new boundary. The following justification below provides a quick overview and reasons for the updated scope.

- 1) Further studies and evaluation identified problems adjacent to the original Project boundary. Relatively easy (low cost) solutions to reducing volume and flow velocity become possible alternatives when looking at the larger project area that includes US Forest Service parcels for treatment. Visually, the expanded project area shows that the limited opportunities are increased. By adding these areas to an amended scope, and potentially result in a better choice of alternative solutions for the current water quality funds as well as future grant funding requests.
- 2) Logically, it is more efficient and more cost effective to address these problem areas instead of creating a separate project later. Furthermore, the environmental planning process adds minimal costs when for the expanded area. Consultant costs for the environmental baseline assessments for wildlife, botanical, noxious weeds, cultural, and wetland delineation in the expanded project area did not have a significant increase in costs because reporting of the findings and field visits were fixed at a minimum for site visits, meetings, draft and final reports, and maps.
- 3) Expanding the project area gives a comprehensive evaluation of the problem area priorities.

The result is a preferred alternative selected from a wider scope of alternatives within the expanded project area. When grant funds are limited, as they are for the Project, the selection places more scrutiny on the Project Development Team to decide which problems being addressed are the most deserving of the limited grant funds.

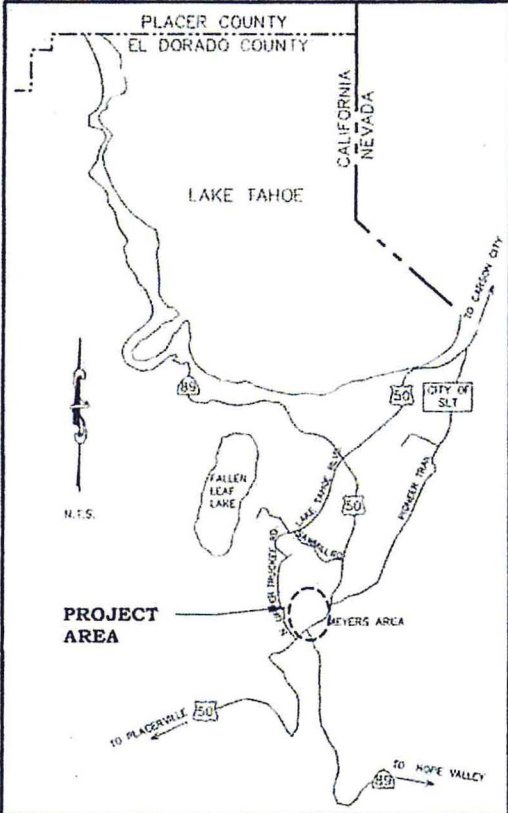
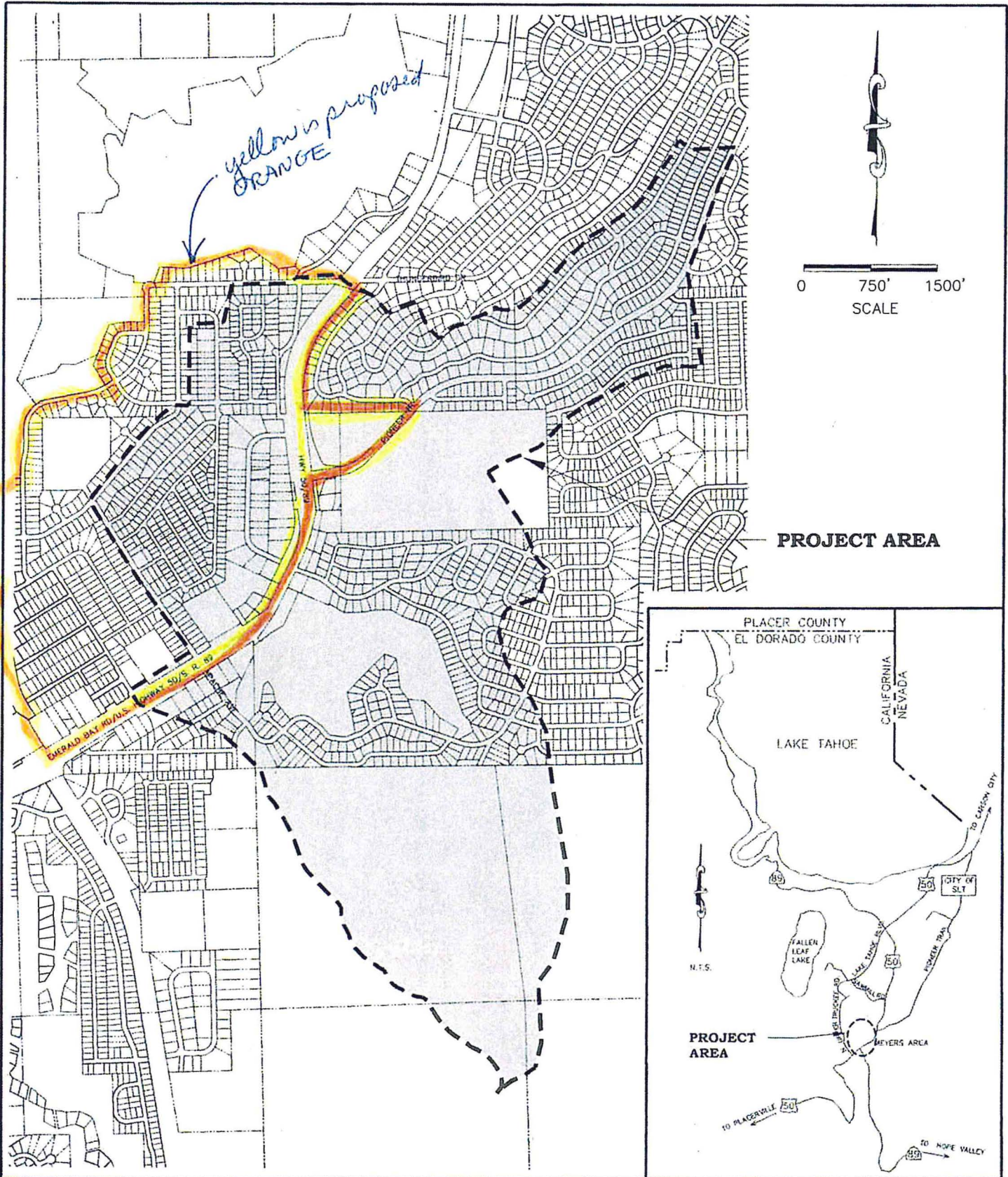
If the proposed modification of the Agreement is satisfactory, please provide your written concurrence at your earliest convenience, so CDA-TD can proceed accordingly. If you have any questions regarding this request, please call me at (530) 573-7920.

Sincerely,



Donald Palaroan, P.E.
Senior Civil Engineer

Enclosure



EL DORADO COUNTY
SOUTH LAKE TAHOE OFFICE

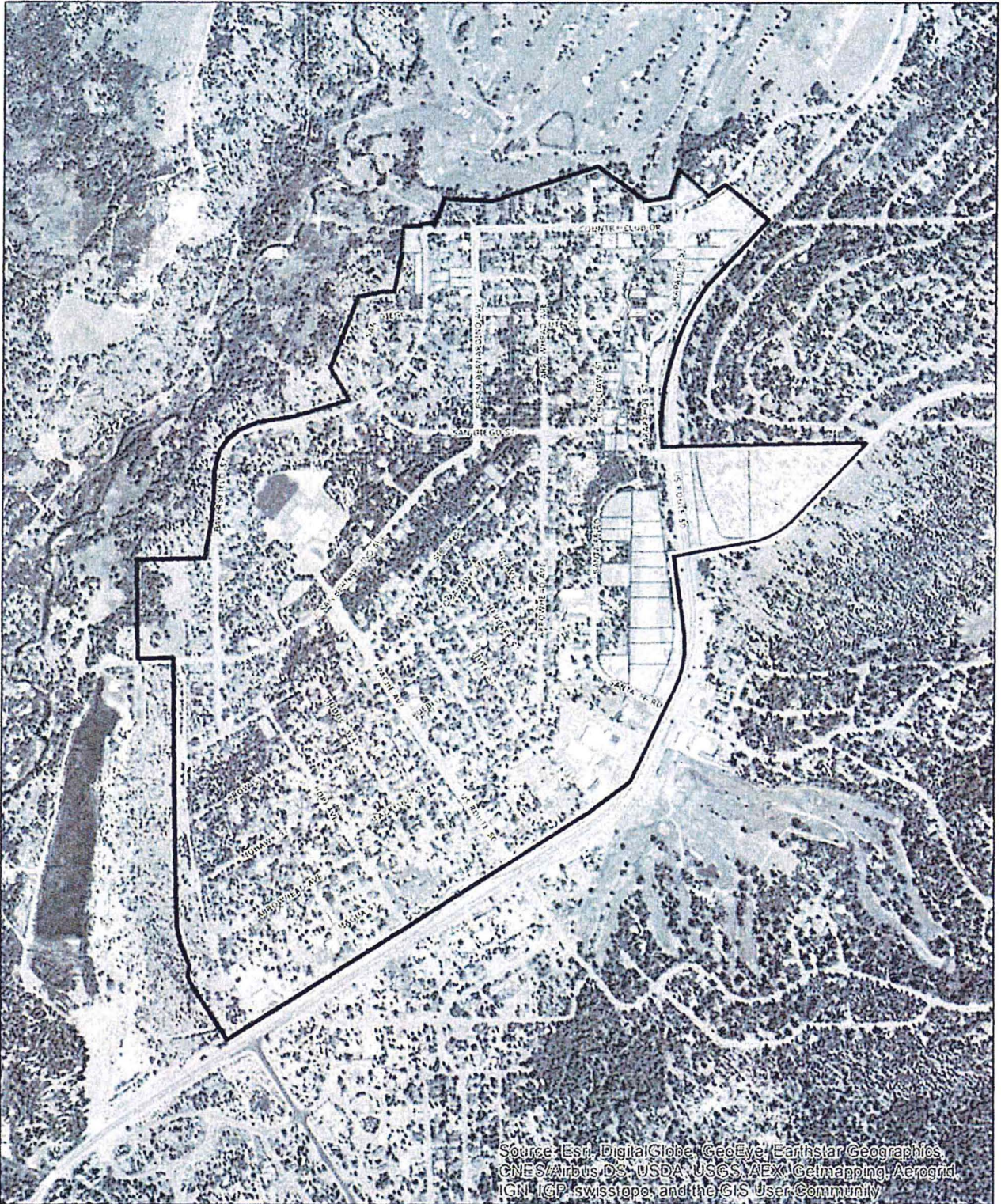
FEDERAL 2011 LAKE TAHOE
SOIL EROSION CONTROL GRANTS PROGRAM
MEYERS EROSION CONTROL PROJECT

Project Location Map

DATE: 11/10 PROJECT NO.: 95179 BY: DSP

FIGURE
A

APPROVED 11/2010
16-0738 G 6 of 11



Legend Project Area 2011 Project Area Survey Parcels	Meyers ECP - Expanded Area Final Basemap		
	1:12,000 0 500 1,000 ft.	N 	

PROPOSED 8/2015

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		*Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		<u>Scope change</u>

3. Date Received: 08/06/2015	4. Applicant Identifier: County of El Dorado
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5a. Federal Entity Identifier: USDA Forest Service, Lake Tahoe Basin Management Unit	*5b. Federal Award Identifier: 11-DG-11051900-031
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: County of El Dorado

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511	*c. Organizational DUNS: 62-140-9171
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d. Address:

*Street 1: 924B Emerald Bay Rd

Street 2: _____

*City: South Lake Tahoe

County: El Dorado County

*State: CA

Province: _____

*Country: US

*Zip / Postal Code 96150

e. Organizational Unit:

Department Name: Transportation	Division Name: Tahoe Engineering
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: John

Middle Name: _____

*Last Name: Kahling

Suffix: _____

Title: Deputy Director of Engineering, Transportation Division

Organizational Affiliation:

*Telephone Number: 530-642-4974 Fax Number: 530-642-9238

*Email: john.kahling@edcgov.us

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Forest Service - Lake Tahoe Basin Management Unit

11. Catalog of Federal Domestic Assistance Number:

10-690 _____

CFDA Title:

Lake Tahoe Erosion Control Grants Program _____

***12 Funding Opportunity Number:**

*Title:

Round 11 - Erosion Control Grants Program _____

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

County of El Dorado

***15. Descriptive Title of Applicant's Project:**

Round 11 - Erosion Control Grant Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 14

*b. Program/Project: 14

17. Proposed Project:

*a. Start Date: 6/15/11

*b. End Date: ~~6/15/16~~

8/31/16 per IWEB

18. Estimated Funding (\$):

Documents

*a. Federal	\$2,200,000
*b. Applicant	
*c. State	\$688,526
*d. Local	\$328,381
*e. Other	
*f. Program Income	\$1,183,093
*g. TOTAL	\$4,400,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Steven
Middle Name: M.
*Last Name: Pedretti
Suffix: _____

*Title: Director, Community Development Agency

*Telephone Number: 530-621-5914

Fax Number: 530-626-0387

* Email: steve.pedretti@edcgov.us

*Signature of Authorized Representative:

Steve M. Pedretti

*Date Signed: *8/6/15*

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A