



### MODIFICATION OF GRANT OR AGREEMENT

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 13-DG-11051900-029	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 004
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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): Barbara Shanley LTBMU 35 College Drive, South Lake Tahoe, CA 95150
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Donaldo Palaroan Community Development Agency Transportation Division 2850 Fairlane Court Placerville, CA 95667	7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):
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#### 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 checked="" type="checkbox"/>	CHANGE IN FUNDING: Adding \$550,622.00
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Change reporting period from quarterly to biannual for progress and financial
<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):  
Reporting period changes from QUARTERLY TO BIENNIAL

#### 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 new SF-424, SF-424C, Narrative

#### 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. THE COUNTY OF EL DORADO; SIGNATURE  (Signature of Signatory Official)	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE  (Signature of Signatory Official)	11.D. DATE SIGNED
11.E. NAME (type or print): STEVEN PEDRETTI		11.F. NAME (type or print): JEFF MARSOLAIS	
11.G. TITLE (type or print): Community Agency Director		11.H. TITLE (type or print): LTBMU Forest Supervisor	

#### 12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:  /s/ Louise M. Ewen <i>Louise M Ewen</i> LOUISE M. EWEN U.S. Forest Service Grants Management Specialist	12.B. DATE SIGNED  6/30/2016
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