



<b>MODIFICATION OF GRANT OR AGREEMENT</b>	PAGE 1 OF PAGES
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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: <b>18-DG-11051900-022</b>	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: <b>002</b>
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): <b>Lake Tahoe Basin Management Unit Attn: Genevieve Villemaire 35 College Drive South Lake Tahoe, CA 96150</b>	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): <b>Lake Tahoe Basin Management Unit Attn: Theresa Cody 35 College Drive South Lake Tahoe, CA 96150</b>
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): <b>El Dorado County Transportation Department Tahoe Engineering Division Attn: Dan Kikkert 2850 Fairlane Ct. Placerville, CA 95667</b>	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: Add \$220,000 to grant for completion of Pahse III of the project.
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input checked="" type="checkbox"/>	OTHER (Specify type of modification): Scope modification to include final Phase (Phase III) of Country Club Heights Erosion Control Project, Elks Club site restoration.

**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):

Additional funding is being added to this grant to complete the final phase (Phase III) of construction for the Country Club Heights Erosion Control Project. This final phase involves drainage improvements and habitat improvements on the former Elks Club property. See attached Scope of Work for detailed description of project activities.

**10. ATTACHED DOCUMENTATION (Check all that apply):**

<input checked="" type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input checked="" type="checkbox"/>	Other: Updated 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. EL DORADO COUNTY SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): <b>RAFAEL MARTINEZ</b>		11.F. NAME (type or print): <b>JEFF MARSOLAIS</b>	
11.G. TITLE (type or print): <b>Department of Transportation, Director</b>		11.H. TITLE (type or print): <b>Forest Supervisor, LTBMU</b>	



**12. G&A REVIEW**

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

12.B. DATE  
SIGNED

\_\_\_\_\_  
GENEVIEVE VILLEMAIRE

U.S. Forest Service Grants & Agreements Specialist



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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<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s) C. Increase Duration *Other (Specify) <u>Increase funding</u>
3. Date Received: <u>2/5/2020</u>		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: <u>18-DG-11051900-022</u>
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: <u>County of El Dorado</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-6000511</u>		*c. Organizational DUNS: <u>62-140-9171</u>
<b>d. Address:</b>		
*Street 1:	<u>924B Emerald Bay Rd</u>	
Street 2:	_____	
*City:	<u>South Lake Tahoe</u>	
County:	<u>El Dorado County</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>US</u>	
*Zip / Postal Code	<u>96150</u>	
<b>e. Organizational Unit:</b>		
Department Name: <u>Transportation</u>		Division Name: <u>Tahoe Engineering</u>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: <u>John</u>	
Middle Name: _____		
*Last Name: <u>Kahling</u>		
Suffix: _____		
Title: <u>Deputy Director</u>		
Organizational Affiliation:		
*Telephone Number: <u>530-642-4974</u>		Fax Number: <u>530-541-7049</u>
*Email: <u>john.kahling@edcgov.us</u>		

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> B.County Government Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> United States Forest Service - Lake Tahoe Basin Management Unit	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 10-690  CFDA Title: Lake Tahoe Soil Erosion Control Grants Program	
<b>*12 Funding Opportunity Number:</b> N/A  *Title: Soil Erosion Control Grants Program	
<b>13. Competition Identification Number:</b>  Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> County of El Dorado	
<b>*15. Descriptive Title of Applicant's Project:</b> Soil Erosion Control Grants Program	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 14	*b. Program/Project: 14	
<b>17. Proposed Project:</b>		
*a. Start Date: 07/01/18	*b. End Date: 12/31/21	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$345,000.00	
*b. Applicant	_____	
*c. State	\$345,000.00	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	\$690,000.00	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Rafael</u> _____	
Middle Name: _____		
*Last Name: <u>Martinez</u> _____		
Suffix: _____		
*Title: Department of Transportation Director		
*Telephone Number: 530-621-7533	Fax Number: 530-626-0387	
* Email: rafaেল.martinez@edcgov.us		
*Signature of Authorized Representative: 	*Date Signed: <u>2/5/20</u>	

**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



Traci Williams &lt;traci.williams@edcgov.us&gt;

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**[td-all-m] Out of the Office February 5 - 7, 2020**

1 message

**Rafael Martinez** <rafael.martinez@edcgov.us>

Wed, Feb 5, 2020 at 7:51 AM

To: TD-All-m &lt;td-all-m@edcgov.us&gt;, Joe Harn &lt;joe.harn@edcgov.us&gt;, Donald Ashton &lt;don.ashton@edcgov.us&gt;

Cc: Laura Schwartz &lt;laura.schwartz@edcgov.us&gt;, Shawne Corley &lt;shawne.corley@edcgov.us&gt;, Cindy Munt &lt;cindy.munt@edcgov.us&gt;, Kathy Witherow &lt;kathy.witherow@edcgov.us&gt;, Elaine Gelber &lt;elaine.gelber@edcgov.us&gt;, Shelley Wiley &lt;shelley.wiley@edcgov.us&gt;, Kathy Flessing &lt;kathy.flessing@edcgov.us&gt;, Marcie MacFarland &lt;marcie.macfarland@edcgov.us&gt;, Terri Knowlton &lt;terri.knowlton@edcgov.us&gt;

Hello,

I will be out of the office February 5 - 7, 2020 returning to the office February 10, 2020. During my absence, I am delegating signature authority to Matthew Smeltzer, Deputy Director. If you need immediate assistance, please contact my assistant, Traci Stilwell at traci.williams@edcgov.us or 530-621-7502.

**Rafael Martinez**

Director

**County of El Dorado**

Department of Transportation

2850 Fairlane Court

Placerville, CA 95667

(530) 621-7533

rafael.martinez@edcgov.us



**EL DORADO COUNTY**  
**DEPARTMENT OF TRANSPORTATION**  
<http://www.edcgov.us/DOT/>

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**PLACERVILLE OFFICES:**

**MAIN OFFICE:**

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

**CONSTRUCTION & 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

February 6, 2020

Theresa Cody  
California Erosion Control Grant Program Manager  
USDA Forest Service  
Lake Tahoe Basin Management Unit  
35 College Drive  
South Lake Tahoe, CA 96150

**Subject: 18-DG-11051900-022 – Modification # 2  
Request and Updated Application Forms for Country Club Heights ECP**

Dear Theresa:

This is a request to amend the current agreement to 1) increase the scope to include the construction of improvements in the phase 3 area of the County Club Heights Erosions Control Project and 2) add \$220,000 in additional funds to be used towards the construction of improvements within the phase 3 limits. The phase 3 portion is primarily focused on water quality improvements and restoration activities at the old 'Elks Lodge' property and surrounding parcels.

We have enclosed the following:

- Standard Form 424, Application for Federal Assistance;
- Standard Form 424C, Budget Information – Construction Programs for Country Club Heights Erosion Control Projects for implementation;
- Final Matching Funds Spreadsheet;
- Form AD-1047, Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions;
- Form FS 1500-22A Financial Capability Checklist

If you have any questions relative to this final application package, please don't hesitate to call me at 573-7914.

Sincerely,

Daniel Kikkert, P.E.  
Senior Civil Engineer

Enclosures

**BUDGET INFORMATION - Construction Programs**

**NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participations. If such is the case you will be notified.**

<b>COST CLASSIFICATION</b>	<b>a. Total Cost</b>	<b>b. Costs Not Allowable for Participation</b>	<b>c. Total Allowable Costs (Column a-b)</b>
1. Administrative and legal expenses	\$ .00	\$ .00	\$ .00
2. Land, structures, rights-of-way, appraisals, etc.	\$ .00	\$ .00	\$ .00
3. Relocation expenses and payments	\$ .00	\$ .00	\$ .00
4. Architectural and engineering fees	\$ .00	\$ .00	\$ .00
5. Other architectural and engineering fees	\$ .00	\$ .00	\$ .00
6. Project inspection fees	\$ .00	\$ .00	\$ .00
7. Site work	\$ .00	\$ .00	\$ .00
8. Demolition and removal	\$ .00	\$ .00	\$ .00
9. Construction	\$ .00	\$ .00	\$ .00
10. Equipment	\$ .00	\$ .00	\$ .00
11. Miscellaneous	\$ .00	\$ .00	\$ .00
12. SUBTOTAL (sum of lines 1-11)	\$ .00	\$ .00	\$ .00
13. Contingencies	\$ .00	\$ .00	\$ .00
14. SUBTOTAL	\$ .00	\$ .00	\$ .00
15. Project (program) income	\$ .00	\$ .00	\$ .00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ .00	\$ .00	\$ .00
<b>FEDERAL FUNDING</b>			
17. Federal assistance requested, calculates as follows: (Consult Federal agency for Federal percentage share). Enter the resulting Federal share.	Enter eligible costs from line 16c. Multiply X _____		\$ .00

**INSTRUCTIONS FOR THE SF-424C**

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044) Washington, DC 20503,

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This sheet is to be used for the following types of applications: (1) "New" (means a new (previous unfunded) assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal government's financial obligations or contingent liability from an existing obligation) If there is no change in the award amount there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to the effect minor (no cost) changes. If you have questions please contact the Federal agency.

*Column a.* -- If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATIONS."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

*Column b.* -- If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from Column a.) reflected in this application.

*Column c.* -- This is the net of lines 1 through 16 in Columns "a" and "b."

Line 4 -- Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 -- Enter estimated engineering costs, such as surveys, tests, soil boring, etc.

Line 6 -- Enter estimated engineering inspection costs.

Line 7 -- Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 -- Enter estimated costs of the construction contract.

Line 10 -- Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 -- Enter estimated miscellaneous costs.

Line 12 -- Total of items 1 through 11.

Line 13 -- Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 -- Enter the total of lines 12 and 13.

Line 15 -- Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 -- Subtract line 15 from line 14.

Line 17 -- This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, Column "c" by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

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Line 1 -- Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchase of land which is allowable for Federal participation and certain services in support of construction of this project.

Line 2 -- Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 -- Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

**Match Documentation Spreadsheet for SNPLMA Award  
Erosion Control Projects**

<b>USFS SNPLMA Funding Request</b>	<b>EIP NO.</b>	<b>Project Name</b>	<b>Match Source</b>	<b>Match Award Amount</b>
\$125,000.00	01.01.01.0021	County Club Heights Erosion Control Project (CIP No. 95191)		
\$220,000.00	-	-Modification #2 - Amend with additional \$220,000 in funds		
		California Tahoe Conservancy (CTC) Grant	CTA-17019L	\$125,000.00
		Tahoe Regional Planning Agency (TRPA) Mitigation Funds	TRPA	\$65,000.00
		California Tahoe Conservancy (CTC) Grant - Lease Agreement	CTA-18013	\$3,710.00
		California Tahoe Conservancy (CTC) Grant - Lease Agreement	CTA-17008	\$3,506.00
		California Tahoe Conservancy (CTC) Grant	CTA-17013L	\$147,784.00
<b>\$345,000.00</b>				<b>\$345,000.00</b>

Notes: