

MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES
					1	2
			DOPERATOR GRANT or 3. MODIFICATION NUMBER:			
07-EE-11001700-022			OWIDER, IF MINT	006		
(Kittitas County)	TU.S. FOREST SERVICE UNIT ADMIN	5. NAME/ADDRESS OF U.S. FOREST	CEDVICETINI	T ATMINITE	EDING	
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):			
DeEtte M. Stofleth, Grants Management Specialist			Robert Moelder, Patrol Captain			
Okanogan-Wenatchee NF			Okanogan-Wenatchee NF			
215 Melody Lane			215 Melody Lane			
Wenatchee, WA 98801			Wenatchee, WA 98801			
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):			
Kittitas County Sheriff's Office			N/A			
307 W. Umptanum Road						
Ellensburg, WA 98926						
8. PURPOSE OF MODIFICATION						
	This modified to tour partition to the modified provided in the State as continue					
	referenced in item no. 1, above.					
	CHANGE IN PERFORMANCE PERIOD: Extend AOP from 12/31/2013 to 4/22/2014					
ПС	CHANGE IN FUNDING:					
Ā	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.						
<ol> <li>ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed);</li> <li>Modification is extend the AOP expiration date from 12/31/2013 to 4/22/2014 to use available carryover funds from 2013; new</li> </ol>						
agreement and AOP will be developed and executed by that date with additional 2014 funds.						
10. ATTACHED DOCUMENTATION (Check all that apply):						
R	Revised Scope of Work					
	Revised Financial Plan					
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.						
II.A. KITTITAS SHERIF		11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNAT	URB		I.D. DATE IGNED
Can 1	- dru	1-8-2014				
(Signature of Signatory Official)			(Signature of Signatory Official)			
11.E. NAME (type or print):			11.F. NAME (type or print):			
GENE DANA			MICHAEL L. BALBONI			
11.G. TITLE (type or print): Sheriff			Okanogan-Wenatchee NF, Forest Supervisor			
			11.J. U.S. FOREST SERVICE SIGNATI			J. DATE
			Barb Severan		SIC	INED
			(Signature of Signatory Official)		L	1/26/13
			11.K. NAME (type or print);			
			BARB SEVERSON, SPECIAL AGENT IN CHARGE, R6			

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:

12.B. DATE SIGNED

DEETTE M. STOFLETH (09-LE-11061700-022 M6)

U.S. Forest Service Grants Management Specialist

11/25/2013

## Burden Statement

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