



MODIFICATION OF GRANT OR AGREEMENT

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| PAGE | OF PAGES |
| 1 | 5 |

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| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 11-LE-11031200-004 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER: 3 |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Sherry Smith, Grant & Agreement Specialist Tonto National Forest, Supervisor's Office 2324 East McDowell Road Phoenix, AZ 85006 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Bray Addison, Patrol Captain Tonto National Forest, Supervisor's Office 2324 East McDowell Road Phoenix, AZ 85006 | |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Adam Shepherd, Sheriff Gila County Sheriff Office P.O. Box 311 Globe, AZ 85501 | 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only): | |

8. PURPOSE OF MODIFICATION

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| 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: Previous Year Carry-over: To be determined upon final billing for Fiscal Year 2013: Fiscal Year FY 2013 \$0.00 Current Fiscal Year Obligation: \$75,980.00 FY14 Total Annual Operating Plan: \$75,980.00 |
| <input checked="" type="checkbox"/> | ADMINISTRATIVE CHANGES: -Update Paragraph I. A. Cooperator Principal Contacts as attached -Add additional language to the Cooperative Law Enforcement Agreement (see 9. below) |
| <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):

Note: Annual Operating Plan for Fiscal Year 2014, will be incorporated as Exhibit A to this agreement.

10. ATTACHED DOCUMENTATION (Check all that apply):

| | |
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| <input type="checkbox"/> | Revised Scope of Work |
| <input type="checkbox"/> | Revised Financial Plan |
| <input checked="" type="checkbox"/> | Other: Exhibit A, FY2014 Annual Financial and Operating Plan |

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.

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| 11.A. GILA COUNTY, ARIZONA 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): ADAM SHEPHERD | | 11.F. NAME (type or print): NEIL J. BOSWORTH | |
| 11.G. TITLE (type or print): Sheriff | | 11.H. TITLE (type or print): Forest Supervisor | |



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| <p>_____</p> <p style="text-align: right;">Date</p> <p>Chairman, Board of Supervisors</p> <p>_____</p> | <p>_____</p> <p>ROBIN L. POAGUE Special Agent in Charge, Southwestern Region</p> <p>_____</p> <p style="text-align: right;">Date</p> |
| | |

12. G&A REVIEW

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| <p>12.A. The authority and format of this modification have been reviewed and approved for signature by:</p> <p>_____</p> <p>SHERRY J. SMITH U.S. Forest Service Grants & Agreements Specialist</p> | <p>12.B. DATE SIGNED</p> |
|--|---------------------------------|



Principle Cooperator Contacts:

| Cooperator Program Contact | Cooperator Administrative Contact |
|--|--|
| Name: Adam Shepherd, Sheriff Address: Gila County Sheriff's Office P.O. Box 311 City, State, Zip: Globe, AZ 85502-0311 Telephone: (928) 425-4449 FAX: (928) 425-5674 Email: Ashepherd@co.gila.az.us | Name: Sarah White, CAO Address: Gila County Sheriff's Office P.O. Box 311 City, State, Zip: Globe, AZ 85502-0311 Telephone: (928) 402-8572 FAX: (928) 425-5674 Email: swhite@co.gila.az.us |



ATTEST

Clerk of the Board of Supervisors

APPROVED AS TO FORM

This _____ day of _____, 2012

By: _____
County Deputy Attorney

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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INSTRUCTIONS FOR FORM FS-1500-19

1. Enter the original U.S. Forest Service agreement number.
2. Enter the cooperator's agreement number, if applicable.
3. Enter the number for this Modification, i.e. 01, 02, or 03. The first modification to an instrument is '01', subsequent modifications receive a subsequent modification number (for example, the fourth modification is '04').
4. Enter the address of the G&A Specialist/Signatory Official responsible for this agreement.
5. Enter the address of the U.S. Forest Service Program/Project Manager or Lead Scientist responsible for this agreement.
6. Enter the cooperator's address.
7. Enter the cooperator's HHS Sub-Account numbers, if funding is provided on this modification (for example: G2412345003) (Only used by NA/S&PF and NRS)
8. Select all boxes that apply:
 - Change in Performance = updated performance period agreed to.
 - Change in Funding = obligation OR de-obligation amount and new totals.
 - Administrative = change in pay address, administrator address, correcting typing errors, etc.
 - Other = any other modification not described, such as update new objective to study plan, change the Principle Investigator, etc.
9. Insert changes such as updated provision, tasks, or any other data needed by the modification, add additional pages as needed.
10. Check all boxes that apply and ensure to attach these documents to the modification. Other attachments could include SF-424 forms.
11. A – D, self explanatory.
11. E – H, Type or print the names of signatory officials.
12. G&A Specialist signs and dates before sending to the individuals in block 11, if all modification data are approved for signature.