



MODIFICATION OF GRANT OR AGREEMENT

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| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 23-RO-11041000-013 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER: 001 |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): U.S. Forest Service Intermountain Region, G&A Southern Zone 324 25th Street Ogden, UT 84401 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): U.S. Forest Service Manti-La Sal National Forest 540 North Main Street Ephraim, UT 84627 | |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): County of San Juan 117 S Main ST Monticello, Utah 84535-7866 | 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: Increase funding in the amount of \$45,000.00 from \$45,000.00 to \$90,000.00. See box 9 for details. |
| <input type="checkbox"/> | ADMINISTRATIVE CHANGES: |
| <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):
 Modify the following agreement provisions as follows:

III. B. Remove the first sentence and replace with: Bill the U.S. Forest Service for actual costs incurred, not to exceed \$90,000.00

IV. B. PAYMENT/REIMBURSEMENT. Remove the first sentence and replace with: The U.S. Forest Service shall reimburse San Juan County for the U.S. Forest Service's share of actual expenses incurred, not to exceed \$90,000 as show in the Financial Plan.

Update Exhibits A-Financial Plan, B-Scope of Work

10. ATTACHED DOCUMENTATION (Check all that apply):

| | |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Revised Scope of Work |
| <input checked="" type="checkbox"/> | Revised Financial Plan |
| <input type="checkbox"/> | 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.

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|---|-------------------|--|-------------------|
| 11.A. COUNTY OF SAN JUAN 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): JAMIE HARVEY | | 11.F. NAME (type or print): BARBARA VAN ALSTINE | |
| 11.G. TITLE (type or print): County Commissioner | | 11.H. TITLE (type or print): Forest Supervisor | |