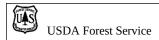


MODIFICATION OF GRANT OR AGREEMENT						OF PAGES	
			OOPERATOR GRANT or IUMBER, IF ANY:	3. MODIFICA	TION NUM	BER:	
			,				
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING				
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):				
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS				
4, county):			payment use only):				
8. PURPOSE OF MODIFICATION							
CHECK ALL	CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement reference						
THAT APPLY:	in item no. 1, above.						
	CHANGE IN PERFORMANCE PERIOD:						
	CHANGE IN FUNDING:						
	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.							
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):							
10. ATTACHED DOCUMENTATION (Check all that apply):							
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.							
11.A. SIGNATURE		11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNAT	ΓURE		11.D. DATE SIGNED	
		SIGNED				SIGNED	
(Signature of Signatory Official)			(Signature of Signatory Official)				
11.E. NAME (type or print):		11.F. NAME (type or print):					
11 C THTLE (towns an arigh).			,,,,				
11.G. TITLE (type or print):  11.H. TITLE (type or print):							
12. G&A REVIEW							
12.A. The authority and format of this modification have been reviewed and approved for signature by:						B. DATE SNED	
U.S. Forest Service Grants Management Specialist							



## **Burden Statement**

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## **INSTRUCTIONS FOR FORM FS-1500-19**

- 1. Enter the orginal 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.