



<b>MODIFICATION OF GRANT OR AGREEMENT</b>		PAGE	OF PAGES
		1	4
1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: <b>15-FI-11100100-016</b>		2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	
		3. MODIFICATION NUMBER: <b>2</b>	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): <b>U.S. Forest Service, Alaska Region Deanna Flemmer P.O. Box 2549 McCall, ID 83638</b>		5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): <b>U.S. Forest Service, Alaska Region 709 W 9<sup>th</sup> Street, Room 561C Juneau, AK 99802-1628</b>	
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): <b>See Attachment A</b>		7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):	
<b>8. PURPOSE OF MODIFICATION</b>			
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 type="checkbox"/>	CHANGE IN FUNDING:		
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Add provision for Indirect Cost Rates – Cooperative Fire Protection Agreements		
<input type="checkbox"/>	OTHER (Specify type of modification):		
<b>Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.</b>			
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed): This modification addresses new guidance in accordance with recommendation number 6 and number 7 of the Office of Inspector General Audit Report Number 08601-0002-41, titled Forest Service's Firefighting Cost-Share Agreements with Non-Federal Entities.			
<b>10. ATTACHED DOCUMENTATION (Check all that apply):</b>			
<input type="checkbox"/>	Revised Scope of Work		
<input type="checkbox"/>	Revised Financial Plan		
<input checked="" type="checkbox"/>	Other: ATTACHMENT A – Indirect Cost Rates – Cooperative Fire Protection		
<b>11. SIGNATURES</b>			
<b>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.</b>			
11.A. BIA SIGNATURE 	11.B. DATE SIGNED <b>5/31/2017</b>	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED <b>6/6/17</b>
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): <b>Lynn Polacca</b>	<b>for</b>	11.F. NAME (type or print): <b>Beth G. Pendleton</b>	
11.G. TITLE (type or print): <b>Regional Director</b> 11. ADDRESS: 709 West 9th Street, Juneau, AK 99801		11.H. TITLE (type or print): <b>Regional Forester</b> 11. ADDRESS: P.O. Box 21628, Juneau, Alaska 99802-1628	



**11. SIGNATURES (continued)**

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11.I. BLM SIGNATURE  (Signature of Signatory Official)	11.J. DATE SIGNED 4/21/17	11.K. FWS SIGNATURE  (Signature of Signatory Official)	12.L. DATE SIGNED
11.M. NAME (type or print): Bud C. Cribley	11.N. NAME (type or print): Gregory Siekaniec		
11.O. TITLE (type or print): State Director	11.P. TITLE (type or print): Regional Director		
11.Q. ADDRESS: 222 W 7 <sup>th</sup> Avenue Stop 13, Anchorage, Alaska 99513	11.R. ADDRESS: 101 12 <sup>th</sup> Avenue, Room 326, Fairbanks, Alaska 99701		

11.S. STATE DNR SIGNATURE  (Signature of Signatory Official)	11.T. DATE SIGNED	11.U. NPS SIGNATURE  (Signature of Signatory Official)	11.V. DATE SIGNED
11.W. NAME (type or print): Andrew T. Mack	11.X. NAME (type or print): Joel Hard		
11.Y. TITLE (type or print): Commissioner	11.Z. TITLE (type or print): Regional Director		
11.AA. ADDRESS: 550 W 7 <sup>th</sup> Ave, Suite 1400, Juneau, Alaska 99801	11.BB. ADDRESS: 240 W 5 <sup>th</sup> Avenue, Room 114, Anchorage, Alaska 99501		

**12. G&A REVIEW**

12.A. The authority and format of this modification have been reviewed and approved for signature by:   DEANNA FLEMMER U.S. Forest Service Grants & Agreements Specialist	12.B. DATE SIGNED  2/17/17
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**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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.



**11. SIGNATURES (continued)**

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11.M. NAME (type or print): Bud C. Cribley		11.N. NAME (type or print): Gregory Siekaniec	
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<i>Andrew Mack</i>			
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.W. NAME (type or print): <b>Andrew T. Mack</b>		11.X. NAME (type or print): <b>Joel Hard</b>	
11.Y. TITLE (type or print): <b>Commissioner</b>		11.Z. TITLE (type or print): <b>Regional Director</b>	
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<i>Deanna Flemmer</i> <b>DEANNA FLEMMER</b> U.S. Forest Service Grants & Agreements Specialist	<b>2/17/17</b>

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**ATTACHMENT A**  
**MODIFICATION NUMBER 2**  
**FOR**  
**MASTER COOPERATIVE WILDLAND FIRE MANAGEMENT AND STAFFORD ACT RESPONSE**  
**AGREEMENT**  
**COOPERATIVE FIRE PROTECTION AGREEMENT**  
**Among**

**United States Department of the Interior**

**Bureau of Indian Affairs, Alaska Region**  
**Agreement # SE00440006**

**Bureau of Land Management, Alaska State Office**  
**Agreement #BLM MOU AK-2015-002**

**U.S. Fish and Wildlife Service, Alaska Region**  
**Agreement #AK-2015-FM-0001**

**National Park Service, Alaska Region**  
**Agreement #P15AC01011**

**United States Department of Agriculture**

**U.S. Forest Service, Alaska Region**  
**Agreement #15-FI-11100100-016**

**STATE OF ALASKA**

**DEPARTMENT OF NATURAL RESOURCES**  
**AGREEMENT #MI-15-014**

**PURPOSE.**

The purpose of this modification is an administrative change to the agreement clarifying indirect cost rate procedures and associated documentation requirements necessary for non-Federal Cooperators to be reimbursed for such costs under this agreement. The following indirect cost rate provision is added to the agreement as of the effective date of the modification.

INDIRECT COST RATES - COOPERATIVE FIRE PROTECTION. When indirect cost rates are applied to federal reimbursements, the Parties agree to the following:

1. If the payment recipient has never received or does not currently have a negotiated indirect cost rate, they are eligible for a de minimis indirect cost rate up to 10% of Modified Total Direct Costs (MTDC). MTDC is defined as all salaries and wages, fringe benefits, materials and supplies, services, travel, and contracts up to the first \$25,000 of each contract.

2. For rates greater than 10%, the payment recipient shall provide either an applicable negotiated indirect cost rate agreement (NICRA) from a cognizant Federal agency, or an indirect cost rate summary in a format that clearly defines the indirect cost rate and MTDC.
3. The payment recipient must maintain adequate documentation to support the methodology and computation of the indirect cost rate. Documentation must be made available to the Federal agency upon request.
4. Failure to provide adequate documentation supporting the indirect cost rate could result in disallowed costs and repayment to the Federal agency.