THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

<b>Contract Number</b>	
21-747 A-1	

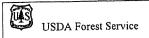
_	_	62 12			-	
2	٩P			200	h	0 F
<b>3</b> /	4	- 1 V	u	111	u	e.

## San Bernardino County Fire Protection District

Department Contract Representative Telephone Number	Dan Munsey 909-387-5779
Contractor	U.S. Forest Service
Contractor Representative	Stephanie Childs
Telephone Number	909-382-2631
Contract Term	Effective Date through December
	31, 2024
Original Contract Amount	N/A
Amendment Amount	
Total Contract Amount	
Cost Center	

Briefly describe the general nature of the contract: This is to approve Amendment No. 1 to Cooperative Fire Protection Agreement No. 21-747 with the United States Forest Service, San Bernardino National Forest to provide for reciprocal fire protection, including mutual aid, reimbursable assistance, and coordination for the prevention, detection, management, and suppression of wildland fires on property within the protection areas or jurisdiction of the parties, which updates the contact information, amends Section IV.B. concerning reciprocal (mutual aid) fire protection requirements, adds a Direct Protection Areas Map, and reduces the term, such that the contract term is from October 5, 2021, through December 31, 2024.

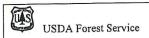
FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
· Self	<u> </u>	<b>&gt;</b>
Scott Runyan, Principal Assistant County Counsel		
Date 9 1 ( 2 2	Date	Date



GRANT/AGREEMENT.

PAGE OF PAGES						
MODIFICATION OF GRANT OR AGREEMENT 1 4						
1. U.S. FOREST SERV	U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 2. RECIPIENT/COOPERATOR GRANT of 3. MODIFICATION NUMBER:			ER:		
21-FI-1105120	0-011	AGREEMENT NUMBER, IF ANY:		MOD 001		
4. 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):			ERING			
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Pacific Southwest Region, Grants and Agreements		San Bernardino National F	orests. 602	Tippecan	ioe Ave.	
		mento	San Bernardino, CA 9240		TI M	ĺ
1323 Club Dr., Vallejo, CA 95492-1110 San Bernardino, CA 92408-2607 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For H			(For HHS			
+ 4, county): payment use only):						
	County Fire Protection Distr					
5 <sup>th</sup> St FL 2, San	Bernardino, CA 92415-022		MODIFICATION			
CHECKALI			MODIFICATION  a modification provision in t	he grant/ag	reement	
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement THAT APPLY:  referenced in item no. 1, above						
	referenced in item no. 1, abo	PERIOD: Chang	e expiration from December 13, 2	027 to Decen	nber 31, 20	24.
	CHANGE IN PERFORMANCE PERIOD: Change expiration from December 13, 2027 to December 31, 2024.  CHANGE IN FUNDING:					
				FS Grants		
ADMINISTRATIVE CHANGES: FS Program Contact: Chief Scott Howes replaces Chief Jaime Gamboa, FS Grants and Agreements: Genevieve Villemaire replaces Byron Keely						
<b>1</b> 71	OTHER (Specify type of modifica	tion): Update la	nguage to Provision B of the Loca	al Cooperativ	e Fire Prote	ection
$\boxtimes$	Agreement (see language below).	Addition of Dire	ect Protection Areas Map to Appe	ndix A of orig	ginal agree	ment.
	ed herein, all terms and condition	s of the Grant/	Agreement referenced in 1, above	ve, remain ui	ichanged :	and in full
force and effect.  9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):						
FOR NON-VOLUNTEER FIRE DEPARTMENTS: (Reference Policy Deviation, ID 21-2359)						
B. RECIPRO	CAL (MUTUAL AID) FIRE PROT	ECTION. The	parties shall establish a map depic	ting reciproca	l initial att	ack zones
and mutual ai	d fire protection for lands of interm	ingled or adjoin	ing protection responsibility. The	map must be	attached to	this
agreement. W	Vithin such zones, a Supporting Part	y will, upon requ	uest or voluntarily, take initial atta	ick action in s	upport of t	ne he initial
Protecting Par	rty. The Protecting Party will not be	tequired to rein	nourse the Supporting Party for continuity and period. The length of the	ne mutual aid	period is 11	sually 24
attack dispatch of any resource to the fire for the duration of the mutual aid period. The length of the mutual aid period is usually 24 hours, but no less than 12 hours.						
	the mutual aid period for this agree		s. If the duration of the response	exceeds 12 ho	ours the coo	operator
will be reimbursed beginning at the time of initial dispatch.						
G&A Admin Contact: Genevieve Villemaire: genevieve.villemaire@usda.gov; 35 College Drive, South Lake Tahoe, CA 96150						
FS Program Contact: Chief Scott Howes- michael.howes@usda.gov, 909-269-2927						
10. ATTACHED DOCUMENTATION (Check all that apply):						
	Revised Scope of Work					
	Revised Financial Plan					
Other: Direct Protection Areas Map.						
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



11.A. SBCPPD SIGNATURE  11.B. DATE SIGNED  SEP 1 3 202  (Signature of Signatory Official)	(Signature of Signatory Official)		
11.E. NAME (type or print): CURT HAGMAN	11.F. NAME (type or print): DANELLE HARRISON		
11.G. TITLE (type or print): Chair Board of Supervisors	11.H. TITLE (type or print): Forest Supervisor,		
12. G&A REVIEW			
12.A. The authority and format of this modification have been GENEVIEVE VILLEMAIRE  Digitally Date: 20	reviewed and approved for signature by: signed by GENEVIEVE VILLEMAIRE 22.07.22 23:59:33 -07'00'  12.B. DATE SIGNED 7/22/2022		
GENEVIEVE VILLEMAIRE U.S. Forest Service Grants & Agreements Specialist			

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD LYNNAMONELL.

Secretary

3y \_\_\_\_

ECOCON

## 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.

