



MODIFICATION OF GRANT OR AGREEMENT

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PAGES

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|--------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 19RO11081300268 | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: | 3. MODIFICATION NUMBER: 001 |
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| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip - 4): Regional Office-Grants and Agreements 1720 Peachtree Road NW Atlanta, GA 30309 | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): National Forests & Grasslands in Texas 2221 North Raguet Street Lufkin, TX 75904 |
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| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): COUNTY OF SABINE 201 E Main ST Hemphill, Texas 75948-7269 | 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only): |
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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 checked="" type="checkbox"/> | CHANGE IN PERFORMANCE PERIOD: Change Expiration date to 1/15/2025 |
| <input type="checkbox"/> | CHANGE IN FUNDING: |
| <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):

10. ATTACHED DOCUMENTATION (Check all that apply):

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Revised Scope of Work |
| <input 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 SABINE SIGNATURE Signature of Signatory Official) 11.E. NAME (type or print): DARYL MELTON | 11.B. DATE SIGNED | 11.C. U.S. FOREST SERVICE SIGNATURE (Signature of Signatory Official) | 11.D. DATE SIGNED |
| 11.G. TITLE (type or print): County Judge | | 11.F. NAME (type or print): KIMPTON COOPER | |
| | | 11.H. TITLE (type or print): Forest Supervisor | |

12. G&A REVIEW

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| 12.A. The authority and format of this modification have been reviewed and approved for signature by: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>_____</p> <p>NAKISHA EGGLESTON</p> <p>U.S. Forest Service Grants & Agreements Specialist</p> </div> <div style="text-align: center;"> <p>NAKISHA EGGLESTON</p> <p>Digitally signed by NAKISHA EGGLESTON Date: 2024.09.12 16:51:05 -04'00'</p> </div> </div> | 12.B. DATE SIGNED |
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