GRANT OR AGREEMENT AWARD COVER SHEET

FS-1500-0100
OMB No. 0596-0217
EXP: 05/31/2027

IDENTIFICATION INFORMATION

1. Federal Award Identification Number (FAIN): 26-LE-11052560-010 *(Agreement Number)*	2. Cooperator Agreement/Instrument #:
3. New ✓ Modification Mod. Number _____ FFA Award Master Stand-Alone SPA	4. Instrument (Project) Title: PATROLS AND DRUG ENFORCEMENT ACTIVITIES ON NATIONAL FOREST SYSTEM LANDS WITHIN SISKIYOU COUNTY
5. Authority U.S.C and Title: Cooperative Law Enforcement Act of August 10, 1971, Pub. L. 92-82, 16 U.S.C. 551a.	6. Assistance Listing Number and Title: 10.704 Law Enforcement Agreements
7. Cooperator/Recipient Information (Must match SAM.gov): Name: COUNTY OF SISKIYOU Address: 305 BUTTE STREET City: YREKA State CA Zip: 96097-3004	8. U.S. Forest Service Unit Address (where the work is being managed): Name: Klamath National Forest - Catherine (Catie) Schott Address: 1711 S. Main Street City: Yreka State CA Zip: 96097
9. Cooperator Unique Entity Identifier (UEI): E7U2NV7AKAH7	10. Master Agreement Number if SPA:
11. Period of Performance Start Date: Execution Date: Expiration Date: 09/30/2030	12. Master Agreement Expiration Date: (SPA expiration date cannot exceed the Master)
13. Cooperator Program Manager: Name: Jeremiah Larue Phone: (530) 842-8300 Email: jeremiah.larue@siskiyousheriff.org	14. U.S. Forest Service Program Manager: Name: Catherine Schott Phone: (530) 643-1041 Email: catherine.schott@usda.gov

FINANCIAL INFORMATION

15. Federal Funding to be Obligated to Cooperator: $54,000.00	16. Cooperator Contribution Funds:
17. Payment Method: No Funds Reimbursable ✓ Advance Advance Period _____	18. Cooperator Match Percentage: 20. Cooperator Indirect Cost Rate (approved rate charged to award):
19. Program Income/Revenue: No ✓ Yes	De minimis Supported NICRA Rate

REPORTING REQUIREMENTS

21. Performance Report Frequency: Quarterly Semi-Annual Annual ✓ N/A	22. Financial Report Frequency: Quarterly Semi-Annual Annual N/A

ATTACHMENTS

The attachments listed below are hereby incorporated and made a part of this instrument.

23. REQUIRED FOR ALL INSTRUMENTS:	24. REQUIRED DEPENDENT ON INSTRUMENT TYPE:
✓ USDA FFA/MIA General Terms and Conditions	Statement of Mutual Benefit and Interest
✓ FS FFA/MIA/R&D General Terms and Conditions	Federal Financial Assistance Forms/Assurances
✓ Purpose/Scope of Work Narrative	TFPA/638 Project Proposals
✓ Budget/Financial Plan	Modification Purpose and/or Description
✓ Other (specify): Billing Summary, Activity Report, Addendum A	Other (specify):

25. By signing this instrument, the signer certifies that they are vested with the authority to enter into this instrument.

Cooperator Signature:	Name and Title: JEREMIAH LARUE, Sheriff-Coroner	Date:

26. This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory:

Signature:	U.S. Forest Service Signatory Official (SO) Name and Title: BRANDON ROBINSON, Special Agent in Charge	Date:

27. The authority and format of this instrument have been reviewed and approved for signature.

Signature: JEFFREY BALL Digitally signed by JEFFREY BALL Date: 2026.03.09 09:22:42 -06'00'	U.S. Forest Service Grants Management Specialist Name: JEFFREY BALL	Date:

File Code:1500 For technical questions and Section 508 accommodation, please contact SM.FS.fseforms@usda.gov

Additional Contacts (if applicable):

28. Cooperator Program Manager: Name: Phone: Email:	29. U.S. Forest Service Program Manager: Name: Phone: Email:
30. Cooperator Program Manager: Name: Phone: Email:	31. U.S. Forest Service Program Manager: Name: Phone: Email:

Any additional contacts shall be included in an attachment to this instrument.

Additional Signatories (if applicable):

By signing this instrument, the signer certifies that they are vested with the authority to enter into this instrument.

32. Cooperator Signature:	Name and Title:	Date:
33. **Signature**:	**U.S Forest Service Signatory Official (SO) Name and Title:** RACHEL BIRKEY, Forest Supervisor, Shasta-Trinity National Forest	Date:

This instrument, subject to the provisions above, is executed by The U.S. Forest Service Authorized Signatory:

34. Signature:	U.S. Forest Service Signatory Official (SO) Name and Title: CHRIS CHRISTOFFERSON, Forest Supervisor, Klamath National Forest	Date:
35. Signature:	U.S. Forest Service Signatory Official (SO) Name and Title: CHRISTOPHER BIELECKI, Forest Supervisor, Modoc National Forest	Date:

Any additional signatories shall be included in an attachment to this instrument.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0217. Response to this information collection request is mandatory to obtain or retain benefits. The authority for this information collection request is Paperwork Reduction Act (Pub. L. No. 96-511, 94 Stat. 2812, as amended by Pub. L. 104-13) 44 U.S.C. §§ 3501–3521. The time required to complete this information collection request is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, SM.FS.InfoCollect@usda.gov, with OMB control number 0596-0217 in the subject line.

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