FS-1500-19 (VER. 05/24) OMB No. 0596-0217 **EXP: 05/31/2027**

MODIFICATION OF GRANT OR AGREEMENT						OF	
					1	2	
		OOPERATOR GRANT or UMBER, IF ANY:	3. MODIFICA	ATION NUM	IBER:		
18-PA-11132200-155							
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):				
USDA Forest Service WO Agriculture Conservation			Lily Nieves, ACES National Program Manager 201				
Experienced Services 201 14th Street, SW,			14th Street, SW Washington, DC 20250				
Washington, DC 20250			, ,				
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS				
+ 4, county): National Experienced Workforce Solutions, 3811			payment use only): Sandy Skrien, (703) 543-3994,				
Fairfax Dr Ste 900, Arlington, VA 22203-1757			sskrien@NEWsolutions.org				
8. PURPOSE OF MODIFICATION							
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement							
THAT APPLY:	referenced in item no. 1, above.						
\boxtimes	CHANGE IN PERFORMANCE PERIOD: Extend Master Agreement through 9/30/25.						
	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):							
Due to the extension of the Farm Bill covering the ACES Program, the ACES Master Agreement is extended through 9/30/25.							
Extending ACES Supplemental Participating Agreements (SPAs) must follow Policy's requirements stated in the attached							
document of this modification.							
NEW Solutions will access VSPortal (or another system that the Forest Service may change to) to self-report their workforce							
development participant tracking data in VSPortal by October 31, or as determined by the National Partnership Office. NEW							
SOLUTIONS will create a Login.gov profile and use the profile to request access to VSPortal by submitting a request via email to							
sm.fs.wdp@usda.gov. 10. ATTACHED DOCUMENTATION (Check all that apply):							
	Revised Scope of Work	OCUMENT	ATTON (CHECK all that a	ppiy).			
	Revised Scope of Work Revised Financial Plan						
	Other: Attachment covering additional policy guidance of this modification.						
Auguspizer Den	DESERVE A TRUE. DAY SLOVE TRUE DELG	11. SIGN		E THE OPEIG	AL DEDDEG		
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 11.C. U.S. FOREST SERVICE SIGNATURE 11.D. DATE SIGNED SIGNED							
SIGNED							
(Signature of Signatory Official)			(Signature of Signatory Official)				
11.E. NAME (type or print): GERMAN (CITO) VANEGAS			11.F. NAME (type or print): MARY PLETCHER RICE				
Williams (Opposite Fundamental Control of Fun							
11.G. TITLE (type or print): President and CEO of the National			11.H. TITLE (type or print): Deputy Chief for Business				
Experienced Workforce Solutions			Operations				

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:	
RONALD PRESSLEY U.S. Forest Service Grants & Agreements Specialist	

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Paperwork Reduction Act 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. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0596-0217. Response to this collection of information is mandatory. The authority to collect the information Section 7 of the Granger-Thye Act (16 U.S.C. 580d) and Title IV of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1751-1753). 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Clearance Officer, OIRM, 1400 Independence Avenue, SW, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB# 0596-0217), 725 17th Street NW, Washington, D.C. 20503.

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The Privacy Act of 1974, 5 U.S.C. 552a and the Freedom of Information Act, 5 U.S.C. 552 govern the confidentiality to be provided for information received by the Forest Service.

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.