#### Note: Fill-in portions and guidance are highlighted in yellow. Delete before distributing to Recipient.

#### Cooperative / Grant / Task *[chose one]* Agreement Modification

Modification Number XX to Cooperative/Grant [choose one] Agreement Number PXXXXXXXXXX

OR

Modification Number XX to

Task Agreement Number PXXXXXXXXXX

Under Cooperative Agreement PXXXXXXXXXX

Between

United States Department of the Interior

National Park Service

And

[Insert the Name of the Recipient]

DUNS No: XXXXXXXXX

Address

City/State/Zip

CFDA: XX.XXX *[include title]*

Project Title: XXX

Previous Federal Funding: $XXX

Federal Funds Obligated by this Action: $XXX

Total Amounts Federal Funds Obligated: $XXX

*If no cost share was included in the original agreement delete this section.*

Previous Amount of non-Federal funding: $XXX

Non-Federal funding added by this Action: $XXX

Total Amount of non-Federal funding: $XXX

Total Amount of Agreement *(Includes all cost share)*: $XXX

Period of Performance: *[Insert actual start and end dates.]*

**GENERAL**

The purpose of this modification is to modify ARTICLE XXXXX, Section XXXXX – Section Title. (Include reason/justification for the modification here.)

**MODIFICATION**

1. ARTICLE XXXXX – XXXXX, Section XXXXX. The following is added/deleted/modified:

*(Provide details as to the changes made to noted sections, including revised language, dates, etc.)*

1. All other terms and conditions remain unchanged**.**

**ATTACHMENTS**

*(If statement of work amendments or budget amendments, etc. are not part of the modification delete this section.)*

**SIGNATURES**

**IN WITNESS WHEREOF**, the parties hereto have executed this modification on the date(s) set forth below.

**FOR *[Insert Name of Recipient]***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Date

Title

**FOR THE NATIONAL PARK SERVICE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Name Date

NPS Financial Assistance Awarding Officer