

**AMENDED COOPERATIVE AGREEMENT
SIGNATURE PAGE**

AGREEMENT NUMBER **16-0211-SF**

AMENDMENT NUMBER **1**

1. This Agreement is entered into between the State Agency and the Recipient named below:
STATE AGENCY'S NAME
DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)
RECIPIENT'S NAME
COUNTY OF SANTA BARBARA
2. The term of this Agreement is: July 1, 2016 through June 30, 2017
3. The maximum amount of this Agreement is: \$146,240.53
4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

Paragraph three (3) of the Agreement is hereby amended to increase the Agreement by \$116,569.04 for a new total not to exceed \$146,240.53. A new Budget (two pages) for Fiscal Year 16/17 for the increased amount, which is effective June 8, 2017 and replaces the original Budget for Fiscal Years 16/17 is attached and is hereby incorporated into the Agreement.

The amendment to increase funds is required to revise the county personnel charges that were not included in the original Budget Agreement. No change in the Scope of Work.

PRIME AWARD INFORMATION:

Federal Funding Source(s):	USDA/APHIS/PPQ
Catalog of Federal Domestic Assistance Number(s):	10.025
Amount(s) Awarded to CDFA:	\$3,880,597.00
Federal Funding Source Agreement Number(s):	16-8506-1165-CA
Effective Date(s):	7/1/16 - 6/30/17

All other terms and conditions of this Agreement shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME (*Organization's Name*)
COUNTY OF SANTA BARBARA

BY (*Authorized Signature*)

DATE SIGNED (*Do not type*)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
263 Camino Del Remedio, Santa Barbara, CA 93110

STATE OF CALIFORNIA

AGENCY NAME
DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY (*Authorized Signature*)

DATE SIGNED (*Do not type*)

PRINTED NAME AND TITLE OF PERSON SIGNING
CRYSTAL MYERS, BRANCH CHIEF, OFFICE OF GRANTS ADMINISTRATION

ADDRESS
1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

Personnel Cost Work Sheet

Dog Team Program

FY 2016/2017

July 1, 2016 through June 30, 2017

Santa Barbara County

Revised June 8, 2017

Title	Hourly Wage	Hourly Benefit Amount	Total Hourly Rate	Estimated Hours to be Worked	Total Cost
WM Inspector III (Handler)	\$32.87	\$35.28	\$68.15	0	\$0.00
Ag Biologist I	\$25.64	\$21.45	\$47.09	0	\$0.00
Ag Biologist II	\$29.75	\$36.46	\$66.21	1418	\$93,885.78
Ag Biologist III	\$32.87	\$35.28	\$68.15	0	\$0.00
Total:				1,418	\$93,885.78

Work Plan Summary
 Dog Team Program
 FY 2016/2017
 July 1, 2016 through June 30, 2017

Santa Barbara County
 Contract Manager: Debbie Trupe
 Revised June 8, 2017



Expenses	Description	Total
Personnel Costs for Dog Team Activities	Inspections of parcel facilities and other activities	Total Activity Hours: 1,418 \$93,885.78
Overhead Costs	Indirect Costs (Not to exceed 25% of Total Personnel Costs)	Overhead Percentage: 25% \$23,471.45
Operating Expenses	All supply/equipment costs exceeding \$5000.00 must be accompanied by a itemized list of items to be purchased.	Itemized Supply List Required (Y/N): N \$16,083.14
Mileage	Mileage rate must be \$0.54, or current federal rate (http://www.irs.gov).	Estimated Miles: 23704 Rate Per Mile: 0.54 \$12,800.16
TOTAL COST:		\$146,240.53