

COOPERATIVE AGREEMENT  
SIGNATURE PAGE

AGREEMENT NUMBER
11-0566-SF

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: January 1, 2012 through September 30, 2012

3. The maximum amount of this Agreement is: \$184,035.46  
One Hundred Eighty Four Thousand Thirty Five Dollars and Forty Six Cents

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:

- |  |            |
|--|------------|
| Exhibit A:                               | 64 Page(s) |
| • Recipient and Project Information      |            |
| • Scope of Work                          |            |
| Exhibit B:                               | 3 Page(s)  |
| • Budget & Payment Provisions            |            |
| • Budget                                 |            |
| Exhibit C – General Terms and Conditions | 2 Page(s)  |
| Exhibit D – Federal Terms and Conditions | 3 Page(s)  |

Name of Project: Light Brown Apple Moth (LBAM)

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

RECIPIENT

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

BY (Authorized Signature)

DATE SIGNED (Do not type)

ES

8-14-12

PRINTED NAME AND TITLE OF PERSON SIGNING

Doreen Farr - Chair, Santa Barbara County Board of Supervisors

ADDRESS

263 Camino Del Remedio, Santa Barbara, CA 93110-1335

STATE OF CALIFORNIA

AGENCY NAME  
DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY (Authorized Signature)

DATE SIGNED (Do not type)

ES

8/23/12

PRINTED NAME AND TITLE OF PERSON SIGNING

KATHY ALAMEDA, MANAGER - FEDERAL FUNDS MANAGEMENT OFFICE

ADDRESS

1220 N STREET, ROOM 120  
SACRAMENTO, CA 95814

CJ