State of California, Department of Food and Agriculture AGREEMENT GAU-03 (Rev.7/2024)

AMENDED COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER 23-0309-000-SA
AMENDMENT NUMBER 1

This Agreement is entered into between the State Agency and the Recipient named below:					
STATE AGENCY'S NAME					
DEPARTMENT OF FOOD AND AGRICULTUR	E (CDFA)				
RECIPIENT'S NAME					
COUNTY OF SANTA BARBARA					
	uly 1, 2023 through December 31, 2027				
	61,190.30				
 The parties agree to comply with the terms and or reference made a part of the Agreement: 	conditions of the following exhibits which are by this				
Paragraph two (2) of the Agreement is hereby amen to a new expiration date of December 31, 2027.	ded to extend the expiration date from June 30, 2025,				
Paragraph three (3) of the Agreement is hereby ame new total not to exceed \$61,190.30.	ended to increase the Agreement by \$55,190.30 for a				
A Budget for the increased amount is attached (1 Pa	ge) and is hereby incorporated into the Agreement.				
Revised Reporting/Invoicing Schedule (1 Page).					
The increase in funds and time extension is due to a	dditional available money.				
All other terms and conditions of this Agreement sha	Il romain the same				
3	ii remain the same.				
IN WITNESS WHEREOF, this Agreement has been RECII					
IN WITNESS WHEREOF, this Agreement has been RECII RECIPIENT'S NAME (Organization's Name)	n executed by the parties hereto.				
IN WITNESS WHEREOF, this Agreement has been RECII RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA	n executed by the parties hereto. PIENT				
IN WITNESS WHEREOF, this Agreement has been RECII RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature)	DATE SIGNED				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature)	DATE SIGNED (a - 2 4 - 25				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING	DATE SIGNED (a - 2 4 - 2 5				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature)	DATE SIGNED (a - 2 4 - 2 5				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING Laura Capps, Chair ADDRESS	DATE SIGNED (a - 2 4 - 2 5				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311	DATE SIGNED (a - 2 4 - 2 5)				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING Laura Capps, Chair ADDRESS	DATE SIGNED (a - 2 4 - 2 5)				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C	DATE SIGNED (a - 2 4 - 2 5) CALIFORNIA				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI	DATE SIGNED (a - 2 4 - 2 5 CALIFORNIA				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C	DATE SIGNED (a - 2 4 - 2 5) CALIFORNIA				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI BY (Authorized Signature)	DATE SIGNED (0-24-25 CALIFORNIA DATE SIGNED DATE SIGNED				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING	DATE SIGNED (a - 2 4 - 2 5 CALIFORNIA DATE SIGNED DATE SIGNED DATE SIGNED				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI BY (Authorized Signature)	DATE SIGNED (a - 2 4 - 2 5 CALIFORNIA DATE SIGNED DATE SIGNED DATE SIGNED				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF C AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ANDREA PERKINS, STAFF SERVICES MANAGER	DATE SIGNED (a - 2 4 - 2 5 CALIFORNIA DATE SIGNED DATE SIGNED DATE SIGNED				
RECIPIENT'S NAME (Organization's Name) COUNTY OF SANTA BARBARA BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 263 Camino Del Remedio, Santa Barbara, CA 9311 STATE OF CA AGENCY NAME DEPARTMENT OF FOOD AND AGRICULTURE (CI BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ANDREA PERKINS, STAFF SERVICES MANAGER ADDRESS	DATE SIGNED (a - 2 4 - 2 5 CALIFORNIA DATE SIGNED DATE SIGNED DATE SIGNED				

Revised Reporting/Invoicing Schedule

Important Dates:				
Invitation to Submit Grant Applications	September 15, 2022			
Grant Application Due	October 31, 2022 at 11:59pm PDT			
Review Process	November 1 – December 31, 2022			
Announcement and Award Funding	January 15, 2023			
Grants Awarded	June 30, 2023			
Mid-Year Reports	October 15, 2023, October 15, 2024, October 15, 2025, October 15, 2026, and October 15, 2027			
Expense Deadline	December 31, 2027			
Final Report	January 31, 2028			
Final Invoice Due	February 15 2028			

Noxious Weed Grant Program Budget

County of Santa Barbara January 15, 2021 - December 31, 2027

			CDFA Funding	Add Funds	Cost Share
Personnel Service	es - Weed Control				
Ag Biologist III/II/I			\$2,000.00	\$20,000.00	\$0.00
AG IPM Specialist			\$500.00	\$5,000.00	\$0.00
Deputy Ag Comm			\$500.00	\$1,000.00	\$0.00
Extra Help			\$1,000.00	\$9,000.00	\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
	Subtotal Pe	rsonnel Exp.	\$4,000.00	\$35,000.00	\$0.00
0					
Operating Expen					
Supplies: (must be			4262.00	45.000.00	40.00
mailing and postag	ge		\$368.00	\$5,000.00	\$0.00 \$0.00
Faurinan anti (marret	ha itaminad)		\$0.00		\$0.00
Equipment: (must	be itemized)		ć0.00 .		ć0.00
			\$0.00 \$0.00		\$0.00 \$0.00
Harbisidası (must	ho itomizad)		\$0.00		\$0.00
Herbicides: (must	be itemized)		-	<u> </u>	
Type: Amount:	Cost:		ć0.00		¢0.00
	COSt.		\$0.00		\$0.00
Type: Amount:	Cost:		\$0.00		\$0.00
Type:	Cost.		\$0.00		\$0.00
Amount:	Cost:		\$0.00		\$0.00
Other	333.		φο.σσ		70.00
o tine.			\$0.00	I	\$0.00
			\$0.00		\$0.00
Mileage for Weed	Control \$0.625 x (736)		\$460.00		\$0.00
_	Control \$0.70 x (7142.857)		7	\$5,000.00	70100
	Subtotal Op	eration Exp.	\$828.00	\$10,000.00	\$0.00
	·	· .	<u> </u>		·
FY23= \$6,000 CDF	ot more than 10% of the award may be used for mo A Funding award total has max of \$600 for all con CDFA Funding award total has max of \$5,519.03	nbined,	istration, and coordina	tion costs - i.e.	
Meetings			\$0.00		\$0.00
Travel			\$0.00		\$0.00
Administration			\$500.00	\$1,440.30	\$0.00
Coordination			\$0.00		\$0.00
Mileage for Meeti	ngs, Training, Coordination \$0.625 x (Miles)		\$0.00		\$0.00
		Subtotal	\$5,328.00	\$46,440.30	\$0.00
	Indirect* (Max 25% of Pers	onnel Costs)	\$672.00	\$8,750.00	\$0.00
-		Total	\$6,000.00	\$55,190.30	\$0.00
	Creat Total C	DEA Francisco	¢c 000 00	ĆEE 400 30	
	Grant Total Cl	DFA Funding	\$6,000.00	\$55,190.30	