

**AMENDED COOPERATIVE AGREEMENT  
SIGNATURE PAGE**

AGREEMENT NUMBER **12-0095-SF**

AMENDMENT NUMBER **2**

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, 2012 through June 30, 2014**

3. The maximum amount of this Agreement is: **\$331,734.44**  
**Three Hundred Thirty-one Thousand Seven Hundred Thirty-four Dollars and Forty-four 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:

Paragraph three (3) of this Agreement is hereby amended to add \$61,538.49 for a new Agreement total not to exceed \$331,734.44. The added funds of \$61,538.49 are to be added to Fiscal Year 13/14 for a new Fiscal Year 13/14 amount of \$173,652.49. See revised Fiscal Year 13/14 Budget (one page), which replaces any other Fiscal Year 13/14 Budgets.

The reason for this amendment to add funds is for continued monitoring of nursery stock shipments.

The Grant Agreement with the Federal Government supporting this Agreement is 12-0380-FR. The Catalog of Federal Domestic Assistance number is 12.025.

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

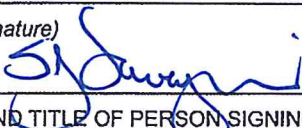
Name of Project: Glassy-winged Sharpshooter Program

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)

**3-18-14**

PRINTED NAME AND TITLE OF PERSON SIGNING

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)

PRINTED NAME AND TITLE OF PERSON SIGNING  
**CRYSTAL MYERS, MANAGER - FEDERAL FUNDS MANAGEMENT OFFICE**

ADDRESS

**1220 N STREET, ROOM 120  
SACRAMENTO, CA 95814**

MA

**PIERCE'S DISEASE CONTROL PROGRAM  
BUDGET**

**Santa Barbara County Proposed PDCP Budget 2013-2014**

**\*Personnel Services**

<i>Permanent Salaries</i>	Salary Rate	Hours	Total
Admin Office Professional	24.990	310	7,746.90
Agricultural Biologist II	28.600	860	24,596.00
Agricultural Biologist III	31.600	860	27,176.00
Entomologist/Pathologist	38.570	200	7,714.00
Supervisor (Supervisory level or Deputy Commissioner supervising field staff)	45.900	<u>65</u>	<u>2,983.50</u>
Subtotal		2,295	70,216.40

<i>Staff Benefits</i>	Benefit Rate	Total Benefits
Admin Office Professional	84.27%	6,528.31
Agricultural Biologist II	92.00%	22,628.32
Agricultural Biologist III	85.00%	23,099.60
Entomologist/Pathologist	82.00%	6,325.48
Supervisor (Supervisory level or Deputy Commissioner supervising field staff)	85.00%	<u>2,535.98</u>
Subtotal		61,117.69

TOTAL PERSONNEL SERVICES	131,334.09
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**OPERATING EXPENSES**

General Expense/Supplies (general office and field supplies)	50.00
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**County Vehicle @.56/mile; 16,848 miles	<u>9,434.88</u>
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TOTAL OPERATING EXPENSES	9,484.88
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Indirect Cost (25% of total personnel services)	32,833.52
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TOTAL SURVEY ACTIVITIES	173,652.49
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\*Subject to change due to salary increases, available work force, labor contract changes, program modification, etc.  
 \*\*Subject to change due to federal mileage rate changes.

**PASSED, APPROVED AND ADOPTED** by the Board of Supervisors of the County of Santa Barbara, State of California, this 18th day of March 2014 by the following vote:


AYES: Supervisor Carbajal, Wolf, Farr, Adam & Lavagnino

NOES: None

ABSTAIN: None

ABSENT: None

COUNTY OF SANTA BARBARA

By   
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

ATTEST:  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By   
Deputy

APPROVED AS TO FORM:  
MICHAEL GHIZZONI,  
COUNTY COUNSEL

By   
Deputy County Counsel

APPROVED AS TO FORM:  
ROBERT W. GEIS,  
AUDITOR CONTROLLER

By   
Deputy

APPROVED AS TO FORM:  
RAY AROMATORIO  
RISK MANAGEMENT MANAGER

By 